

From: (b) (6) CAPT USN, USS Theodore Roosevelt
To: ALL OFFICERS; ALL CHIEFS; E-6 and Below
Subject: 14 days of screening after port visits
Date: Sunday, March 15, 2020 8:19:34 PM
Attachments: COVID-19 SCREENING PLAN - after a port visit.docx

All,

Some clarification on screening on the ship after port visits. First, the rationale for 14 days: everything we know about Coronavirus shows that 99% of people will have symptoms by approximately 13 days (mean 5 days). There are three categories of screening:

1) As previously passed, each department will screen their sailors for 7 days after leaving a port by asking them questions regarding Fever, Chills, Cough, Sore Throat, Shortness of breath, Body aches, and Abdominal pain. After the 7 days (which expired yesterday, 3/15), then each individual will self-monitor for the same symptoms for the next 7 days. If at any time during this process a person answers yes to one of those symptoms then they are to report to medical for additional screening and they enter the next category.

2) Individuals that answered yes to one of those symptoms now get daily temperature checks in Medical. They are required to do these checks for the full 14 days after leaving the port (last day 3/22). This is the list that CAPT (b) (6) (nurse anesthetist) is tracking and sending to leadership.

3) Personnel arriving via COD - HODs/DLCPOs are notified (by CAPT (b) (6) using the ATO manifest) of those individuals that require screening after arrival on a COD. Same screening concept except that their 7+7 days of screening starts the day they arrive on the ship and results are emailed to CAPT (b) (6)

Again, at any time within the 14 days, if a person develops these symptoms they need to be evaluated by Medical.

This, combined with sanitation, hand washing, respiratory/cough etiquette, is an all hands event - that applies to the Coronavirus and all infectious diseases that are more easily spread in close quarters.

Please contact myself or CAPT (b) (6) if you have any questions.

Thanks for your help.

v/r,

SMO

(b) (6), MD
CAPT MC(FS) USN
Senior Medical Officer
USS Theodore Roosevelt (CVN-71)
Work: (b) (6)
J-dial: (b) (6)

Cell: (b) (6)

1 MAR 20

MEMORANDUM

From: Senior Medical Officer, USS THEODORE ROOSEVELT (CVN 71)

Subj: USS THEODORE ROOSEVELT (CVN 71) COVID-19 SCREENING PLAN AFTER A PORT VISIT

Ref: (a) C7F FRAGORD 011 TO TASKORD 20-057 FOR FHP AGAINST COVID-19
(b) COVID-19 Screening Questionnaire

1. Due to the increasing risk of Coronavirus transmission, per reference (a), all personnel boarding the ship require a COVID-19 Medical Screening for seven days and an additional seven days of self-monitoring. This 14 day period will start the day we get underway from a port visit. The Medical Department will oversee the COVID-19 screening process. COVID-19 screeners are not required to be Medical department personnel.

2. Per references (a) and (b), all personnel coming to the ship will be screened for the following symptoms:

- a. Fever
- b. Chills
- c. Cough
- d. Sore Throat
- e. Shortness of breath
- f. Body aches
- g. Abdominal pain

3. COVID-19 screening plan for all personnel getting underway after a port visit is as follows:

a. Personnel will be queried daily by their departmental/squadron leadership for 7 days for any of the symptoms in paragraph 2. Personnel will then self-monitor for symptoms for an additional 7 days. **Individuals with positive screening must report to Medical immediately. They will be asked to put on a mask and undergo further screening. From 0700-0900 Monday-Saturday they will be directed to enter via Aviation Medicine (port side entry forward of CMC's door). Routine Sick Call (0830-0930) will enter the Physical Therapy door (port side entry, frame 102).**

(1) Once screening is accomplished, reports of positive screening will be forwarded via email to CAPT (b) (6) at (b) (6) @cvn71.navy.mil. Departments are required to provide feedback to Medical by 1600 on a daily basis, or as soon as possible after evening muster. Departments will maintain their screening results. Medical will track the positive screening results.

4. Please contact LT (b) (6), Ship's Nurse, or CAPT (b) (6), Nurse Anesthetist, at J-dial (b) (6) or via email at (b) (6) @cvn71.navy.mil or (b) (6) @cvn71.navy.mil with any questions.

/s/
(b) (6)

From: (b) (6) CAPT USN, USS Theodore Roosevelt
To: Baker, Stuart P RDML USN, CCSG-9
Cc: Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CVW-11 CAG; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, COMDESRON23; (b) (6) CAPT BKH CO; (b) (6) CDR - BKH XO; (b) (6) LCDR USN, USS THEODORE ROOSEVELT; (b) (6) CMC USN, USS Theodore Roosevelt; (b) (6) MCPO USN CVW-11 (USA); (b) (6) CMC USN, CCSG9; (b) (6) R CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN, USS Theodore Roosevelt
Subject: Post-Danang Update 17 March
Date: Monday, March 16, 2020 9:58:12 PM
Attachments: C7F TASKORD FHP REV1 dtd 16 Mar.pdf

Admiral,

Daily update on the 39 sailors in monitored sequestration.

1. Daily temperature checks performed with no fevers. All sailors are currently symptom-free. Anticipate release from quarantine on Sunday (3/22) assuming no change in clinical status.
2. C7F TASKORD FHP Revision 1 released 16 March. Changes in the TASKORD:
 - a. Recommended liberty groups no larger than 6 people (Para. 4.A.10.D.2.A).
 - b. Lists places that will be off limits during port visits (e.g., community centers, nursing facilities, office buildings) (Para. 4.A.10.D.2.B).
 - c. Excludes air crew from travel/restriction of movement (ROM) requirements when flying in official duties (Para. 4.A.12).
 - d. Extensive ROM requirements (e.g., separate berthing, no closer than 6 feet, no crowded areas, taking temperature twice a day) for anyone traveling through a Level 2 or 3 country in the past 14 days. (Para. 4.A.12.B and 4.A.12.C).
 - e. Post port visit screening for influenza-like illness (fever > 100.4, cough, sore throat) will be done at days 5-7 and 9-11 after getting underway. For ease of managing screening a crew of this size, we are going to screen from day 1-11.
3. I have pushed my concerns to the C7F/PACFLT Surgeons about the challenge of complying with the ROM requirements for 5000 people after Vietnam (and subsequent port visits). We are unable to comply as currently written. My recommendation is that we continue the screening we are doing and quarantine/isolate as clinically indicated.

Standing by for questions.

v/r,

SMO

(b) (6), MD
CAPT MC(FS) USN
Senior Medical Officer
USS Theodore Roosevelt (CVN-71)
Work: (b) (6)
J-dial: (b) (6)

Cell: (b) (6)

Subject:

FW: R 160551Z MAR 20 COMSEVENTHFLT COMMANDER SEVENTH FLEET TASKORD
REV 1 FOR PHASE TWO (MITIGATION) AGAINST COVID-19

-----OFFICIAL INFORMATION DISPATCH FOLLOWS----- RTTUCYUW ROUIAAA0107 0760550-UUUU--RHMCSUU.

ZNR UUUUU

R 160551Z MAR 20 MID111000060720S

FM COMSEVENTHFLT

TO CTF 70

CTF 71

CTF 72

CTF 73

CTF 74

CTF 75

CTF 76

CTF 78

INFO CNO WASHINGTON DC

CDR USPACOM HONOLULU HI

COMUSFLTFORCOM NORFOLK VA

COMPACFLT PEARL HARBOR HI

COMNAVFORJAPAN YOKOSUKA JA

COMNAVSURFPAC SAN DIEGO CA

COMNAVAIRPAC SAN DIEGO CA

COMSUBPAC PEARL HARBOR HI

COMNAVREG JAPAN YOKOSUKA JA

COMNAVREGKOREA CHINHAEE KOR

COMNAVMARIANAS GU

COMTHIRDFLT

CG III MEF

CG THIRD MEB

CG THIRD MARDIV

CG THIRD MLG

CG FIRST MAW

COMMARFORPAC

COMMARFORK

COMSEVENTHFLT

BT

UNCLAS

PASS TO OFFICE CODES:

CDR USPACOM HONOLULU HI/J3/

COMPACFLT PEARL HARBOR HI/N1/N3/N01H/

MSGID/ORDER/COMSEVENTHFLT/20-099/MAR//

SUBJ/COMMANDER SEVENTH FLEET TASKORD REV 1 FOR PHASE TWO

(MITIGATION) AGAINST COVID-19//

MSGID/TASKORD/COMSEVENTHFLT//

TIMEZONE/Z//

REF/A/ORD/USINDOPACOM/091955ZFEB20//

REF/B/ORD/USINDOPACOM/050410ZFEB20//

REF/C/ORD/USINDOPACOM/060656ZFEB20//

REF/D/ORD/USINDOPACOM/070648ZFEB20//
 REF/E/ORD/USINDOPACOM/080635ZFEB20//
 REF/F/DOC/DOD/15OCT2013//
 REF/G/DOC/DOD/26FEB2013//
 REF/H/DOC/CJCS/13JUN2005//
 REF/I/DOC/USINDOPACOM/01AUG2016//
 REF/J/DOC/UNDERSECDEF/07FEB2020//
 REF/K/DOC/UNDERSECDEF/30JAN2020//
 REF/L/GENADMIN/CNO/112054ZFEB20//
 REF/M/ORD/DOC/CJCS/05SEP2019//
 REF/N/ORD/USINDOPACOM/150242ZFEB20//
 REF/O/ORD/USINDOPACOM/220401ZFEB20//
 REF/P/DOC/COMPACFLT/26FEB2020//
 REF/Q/GENADMIN/USINDOPACOM/260625ZFEB20//
 REF/R/ORD/COMPACFLT/270419ZFEB20//
 REF/S/ORD/COMPACFLT/290417ZFEB20//
 REF/T/ORD/USINDOPACOM/010335ZMAR20//
 REF/U/ORD/USINDOPACOM/040541ZMAR20//
 REF/V/ORD/USFFC/020255ZMAR20//
 REF/W/ORD/USFFC/021600ZMAR20//
 REF/X/DOC/OPNAV/19NOV2018//
 REF/Y/ORD/USFFC/030052ZMAR20//
 REF/Z/DOC/USFFC/03MAR2020/-/SEPCOR//
 REF/AA/DOC/DOD/28MAR2019//
 REF/AB/ORD/COMPACFLT/12MAR2020//
 REF/AC/ORD/COMPACFLT/060424ZMAR20 //
 REF/AD/DOC/OSD/11MAR2020//
 REF/AE/DOC/OUUSD/11MAR2020//
 REF/AF/GENADMIN/USINDOPACOM/130424ZMAR20//
 REF/AG/GENADMIN/SECNAV/121914ZMAR20//
 REF/AH/DOC/CNO/122210ZMAR20//
 REF/AI/ORD/USFF/121310ZMAR20//
 REF/AJ/DOC/OSD/13MAR2020//
 REF/AK/ORD/USFJ/20200204//
 REF/AM/WEBSITE/CDC/CORONAVIRUS//
 REF/AN/DOC/NTRP_4-02.10//
 REF/AO/DOC/DHA/5FEB020//
 REF/AP/DOC/NAVEDTRA 43699-2A//
 REF/AQ/DOC/COVID-19//
 REF/AR/DOC/COVID-19//
 REF/AS/DOC/NAVEDTRA 43119 SERIES.
 REF/AT/DOC/C7F/FEB20//
 REF/AU/ORDER/C7F/081148ZMAR20//
 REF/AV/GENADMIN/SECNAV/140235ZMAR20//
 NARR/(U) REF A IS USINDOPACOM EXORD P-963 DIRECTING EXECUTION OF PHASE I TO CONPLAN 5003-18.
 REF B IS USINDOPACOM RESPONSE TO CORONA VIRUS P-957 EXORD.
 REF C IS USINDOPACOM FRAGORD 001 TO REF B.
 REF D IS USINDOPACOM FRAGORD 002 TO REF B.
 REF E IS USINDOPACOM FRAGORD 003 TO REF B.
 REF F IS DOD GLOBAL CAMPAIGN PLAN FOR PANDEMIC INFLUENZA AND INFECTIOUS DISEASE 3551-13.
 REF G IS DOD INST 3025.14 FOR EVACUATION OF U.S CITIZENS AND DESIGNATED ALIENS FROM THREATENED AREAS ABROAD.

REF H IS CJCSINST 3121.01B PRESCRIBING THE STANDING RULES FOR THE USE OF FORCE (SRUF) FOR U.S. FORCES.

REF I IS USINDOPACOM CONPLAN 5003.

REFS J AND K PRESCRIBE UPDATED FORCE HEALTH PROTECTION GUIDANCE FOR CORONAVIRUS OUTBREAK.

REF L IS CNO GUIDANCE FOR MONITORING PERSONNEL RETURNING FROM CHINA DURING THE NOVEL CORONAVIRUS OUTBREAK.

REF M IS CJCS MANUAL 3105.01 ON RISK ASSESSMENT.

REF N IS USINDOPACOM FRAGORD 001 TO REF A.

REF O IS USINDOPACOM FRAGORD 002 TO REF A.

REF P IS CPF CONOPS FOR COVID-19 RESPONSE.

REF Q IS USINDOPACOM FORCE PROTECTION DIRECTIVE 20-006.

REF R IS CPF EXORD IN RESPONSE TO COVID-19.

REF S IS CPF FRAGORD 001 TO REF R.

REF T IS USINDOPACOM FRAGORD 003 TO REF A.

REF U IS USINDOPACOM FRAGORD 004 TO REF A.

REF V IS CUSFF/NAVNORTH EXECUTE ORDER (EXORD) IN RESPONSE TO NOVEL CORONAVIRUS DISEASE 2019.

REF W IS CUSFF/NAVNORTH FRAGORD 001 TO REF V.

REF X IS OPNAVINST 3500.41A PANDEMIC INFLUENZA AND INFECTIOUS DISEASE POLICY.

REF Y IS CUSFF/NAVNORTH FRAGORD 002 TO REF V.

REF Z IS NORTHCOM AOR C2 DIAGRAM.

REF AA IS DODI 6200.03, PUBLIC HEALTH EMERGENCY MANAGEMENT WITHIN THE DOD.

REF AB IS CPF VOCO 20-033, COVID-19 OPREP-3 REPORTING GUIDANCE.

REF AC IS CPF FRAGO 002 TO REF R.

REF AD IS OSD TRAVEL RESTRICTIONS FOR DOD COMPONENTS IN RESPONSE TO CORONAVIRUS DISEASE 2019.

REF AE IS OUSD FORCE HEALTH PROTECTION (FHP) GUIDANCE, SUPP 4, GUIDANCE FOR PERSONNEL TRAVELING DURING THE NOVEL CORONAVIRUS OUTBREAK.

REF AF IS USINDOPCOM FHP GUIDANCE, SUPP 2 REF AG IS ALNAV 25-20, VECTOR 15 FHP GUIDANCE FOR DON.

REF AH IS NAVADMIN 064-20, NAVY MITIGATION MEASURES IN RESPONSE TO CORONAVIRUS OUTBREAK.

REF AI IS NAVNORTH FRAGO 20-019.77 TO USFF AND NAVNORTH EXORD IN RESPONSE TO COVID-19.

REF AJ IS OSD MEMO ORDERING STOP MOVEMENT FOR ALL DOMESTIC TRAVEL.

REF AK IS USFJ FORCE HEALTH PROTECTION ORDER.

REF AM IS CDC CORONAVIRUS WEBSITE.

REF AN IS SHIPBOARD QUARANTINE AND ISOLATION PROCEDURES.

REF AO IS DHA GUIDANCE TO MILITARY TREATMENT FACILITIES REGARDING COVID-19.

REF AP IS PERSONAL QUALIFICATION STANDARD FOR NAVY CORPSMAN.

REF AQ IS C7F COVID-19 SCREENING QUESTIONNAIRE.

REF AR IS C7F COVID-19 CONOPS.

REF AS IS PERSONAL QUALIFICATION STANDARD FOR DAMAGE CONTROL.

REF AT IS GUIDANCE FOR UNDERWAY EVALUATION AND MANAGEMENT OF 2019 NOVEL CORONAVIRUS WITH CHART V10 OR CURRENT VERSION.

REF AU IS C7F COVID SECRET TASKORD CONSOLIDATING ALL OAI REQUIREMENTS.

REF AV is ALNAV 26-20 OFFICIAL AND PERSONAL DOMESTIC TRAVEL HEALTH PROTECTION GUIDANCE FOR DON.

NARR// (U) This is a Commander, U.S. SEVENTH FLEET (C7F) Rev 1 to C7F COVID-19 TASKORD. Rev 1 transmitted to incorporate emerging OSD, CNO, CDC, SECNAV and USINDOPACOM guidance to existing C7F TASKORD and is being transmitted in its entirety as Rev 1 for ease of readability and execution by subordinates.// TIMEZONE/Z// GENTEXT/SITUATION// 1. (U) Situation.

1.A. (U) COMPACFLT has initiated PHASE II of REF T, mitigation efforts in response to COVID-19. Continued progression of COVID-19, specifically in Japan, the Republic of Korea, and Southeast Asia has triggered the following indicators for progressing into Phase II of USINDOPACOM Contingency Plan (CONPLAN) 5003 Pandemic and Emerging Infectious Diseases (PEID):

1.A.1. (U) Allies and partners have introduced COVID-19 travel restrictions that may restrict routine USINDOPACOM forces access. Forces should anticipate the potential for more restrictions.

1.A.2. (U) U.S. Government travel warnings and or health advisories that could affect USINDOPACOM operations, activities, and investments (OAI) in area of responsibility (AOR) have occurred.

1.A.3. (U) USINDOPACOM has activated T-JFLCC for Defense Support of Civil Authorities (DSCA) requests and other response forces may be required.

1.A.4. (U) USINDOPACOM restricted all nonessential DOD travel, in particular TDY and leave, to the Republic of Korea to reduce risks associated with COVID-19. This travel restriction applies to all military, civilians, and contractors.

1.A.3. (U) USINDOPACOM has stopped all DOD travel to and from CDC Level 3 countries. This travel restriction applies to all military, civilians and contractors.

1.A.4. (U) USINDOPACOM and DON have placed restrictions on all non-mission essential travel across the SEVENTH Fleet AO. Exceptions are to be address on a case by case basis.

1.A.5. (U) On 13 MAR, OSD ordered the stop movement of all DOD military, civilian personnel and family members in CONUS until further notice.

1.A.6. (U) The COVID-19 outbreak continues to spread globally, and as a result the CDC is rapidly issuing travel health notices (THN) and guidance for persons with international travel in countries or areas with COVID-19 transmission. CDC THN Tier these international locations as Level 3 (widespread sustained and ongoing transmission), Level 2 (sustained and ongoing community transmission) and Level 1 (risk of limited community transmission) with associated monitoring guidance for returning travelers.

1.A.7. (U) On 14 MAR, SECNAV ordered the stop movement of all DON personnel, civilian personnel, and family members and foreign military under DON authority in the United States and its territories effective 16 MAR.

1.B. (U) The World Health Organization (WHO) has declared COVID-19 a pandemic.

1.C. (U) Fleet level primary concerns. Protection and mitigation of USN forces from COVID 19 exposure, treatment of USN forces with COVID-19, protection of partners and allies from the spread of COVID-19 via USN forces and mission readiness.

1.D. (U) Additional guidance.

1.D.1 (U) For all countries, no cross decking of personnel during exercises or operations is permitted. Regular assigned LNOs to staffs or exchange officers may remain in place and are subject to the COVID-19 screening, testing requirements, and ROM requirements of this order.

1.D.2 (U) No personnel will attend any planning conference, bi-lateral, or multi-lateral meeting in person. Planning conferences will occur by virtual or other means unless determined otherwise by procedures outlined in this order.

1.D.3. (U) In person bi-lateral or multi-lateral exchanges with foreign and host nation military are not permitted until further notice. Exceptions are permanently assigned LNO and PEP officers.

1.D.4. (U) Rotational forces assigned to the Korea Peninsula in support of USFK contingency plans remain in place. GENTEXT/MISSION//

2. (U) The SEVENTH Fleet mission is to protect Fleet personnel, protect mission readiness and protect against spreading infection to both U.S. Forces and allies and partners, in order to ensure warfighting readiness.

GENTEXT/EXECUTION//

3. (U) Commander's Intent.

3.A. (U) Purpose: Prevent the spread of COVID-19 to force, CONUS, host nations, partners and allies, preserve SEVENTH Fleet readiness of assigned forces, and maintain current operating posture.

3.B. (U) Method.

3.B.1. (U) LOO 1: Prevention. This line of operation seeks to prevent and/or mitigate further spread of the disease.

This line of operation includes medical protocols and procedures for monitoring, screening, disposition and treatment of potential and confirmed cases, and mitigations put into effect to minimize potential exposure and spread in support of operations.

3.B.2. (U) LOO 2: Mission Readiness and Execution. This line of operation supports continued campaign plan execution and maintains readiness for contingency/operations and plans.

3.B.3. (U) LOO 3: Support to USG and other External Agencies outside the U.S.

3.B.3.A. (U) LOO 3A: Support to Other Agencies - DSCA. DSCA refers to operations in the domestic portion of the USINDOPACOM AOR. USARPAC is designated the supported commander for DSCA operations.

3.B.3.B. (U) LOO 3B: Support to other agencies outside the U.S. This primarily includes FHA and Emergency Evacuation Operations (EEO), as related to REF G. The normal lead federal agency for operations outside the U.S. will be the Department of State with Chief of Mission as the lead in their respective nations.

3.C. (U) End State: C7F minimizes the impact of COVID-19 on Force Readiness. Allies and partners are assured of U.S. resolve to assist and protect against COVID-19 spread.

4. (U) Tasks.

4.A. (U) All CTFs.

4.A.1. (U) Execute Fleet Health Protocols (FHP) as outlined in REF AN and REF AT. FHP are the baseline that supports LOO 1.

4.A.2. (U) Homeported units in FDNF, including Guam and Singapore, will conduct screening daily.

4.A.3. (U) Small force units and laydowns throughout the AOR will conduct screening at a minimum every 5 days or daily when permitted by the nature of operations. Afloat units and aviation units engaged in flight itineraries are covered further in this order below.

4.A.4. (U) Be prepared to execute a shipboard illness outbreak plan.

4.A.5. (U) Build and maintain required stock levels of personal protective equipment (PPE) and required medical equipment and consumable items.

4.A.6. (U) BPT execute isolation, treatment and patient movement CONOP.

4.A.7. (U) Develop, test, and drill a platform-specific isolation plan.

4.A.8. (U) Schedule a minimum of 14 days in between ports.

This 14 day requirement does not apply when returning to the same port recently departed. Monitor changes in country risk conditions and be alert to such changes. Any request to pull an afloat unit into port prior to the 14 day minimum COVID monitoring requirement is an Exception to Policy (ETP). Decisions on approval for ETPs follow the same method of determination for OAI's outlined in this order. Submit ETPs no later than 7 days prior to execution.

4.A.9. (U) Ships shall not grant off-ship liberty when in port on an approved 14 day ETP. In these cases personnel will be limited to the pier and will only interact with harbor or pier personnel for mission essential functions only. If the port visit under the ETP is extended beyond day 14 such that the 14 day requirement is met, liberty is authorized under the OAI evaluation method promulgated in this order.

4.A.9.A. (U) Formally submit ETP requests to C7F BWC in the form of an email with an accompanying USINDOPACOM Decision Point and Risk Decision slide (all formats found on the C7F CAS page; email format discussed in this section) per OAI evaluation procedures found in section 4.A.10.A. below.

4.A.9.A.1 (U) Submit all ETP requests NLT 7 days prior to execution. Urgent or emergent ETP requests may be submitted at any time (i.e. to support redline repairs).

4.A.9.A.2. (U) ETP Request E-mail requirements.

4.A.9.A.3. (U) Subject of e-mail will be: (U) (Unit Name)

14 Day ETP Request. Example. (U) USNS OILER 14 Day ETP Request 4.A.9.A.4. (U) E-mail body will consist of:

4.A.9.A.4.A. (U) BLUF. BLUF should read: CTF XX requests exception to policy with mitigation for (Unit Name) from the 14 day quarantine requirement for (operations) between (location) and (location) to support (operation/requirement). ETP supports completion of (operation/requirement) without delay. Operations support mission requirements. Example. CTF XX requests exception to policy with mitigation for USNS SALVAGE from the 14 day quarantine requirement for logistics transits between Chuuk and Guam to support OP MICRODAWN. ETP supports completion of OP MICRODAWN without delay. Operations support mission requirements.

4.A.9.A.4.B. (U) SUMMARY. SUMMARY should read: Transit time between (location) and (location) is (X) days. Operating at sea for (XX) days between (location) and (location) will limit days available for (operation/requirement) and result in (impact). [No positive COVID- 19 cases currently exist in (location)] (if applicable). SUMMARY: Transit time between Chuuk and Guam requires 3 days. Operating at sea for 14 days between Guam and Chuuk will limit days available for pier side salvage operations and result in delayed completion. No positive COVID-19 cases currently exist in Guam or Chuuk.

4.A.9.A.4.C. (U) Unit schedule.

Unit schedule should read: (Unit) tentatively schedule to execute the following.

DATE LOCATION

XX DAY XXXXXX

Example. USNS TIPPECANOE tentatively schedule to execute the following:

DATE LOCATION

04 MAR DEP CHUUK, FSM

07 MAR ARR GUAM

4.A.9.A.4.D. (U) REQUEST. Request C7F exception to policy decision NLT TTTTZ DD MMM. Example. Request C7F exception to policy decision NLT 0100Z 05 MAR.

4.A.9.B. (U) For brief stops for cargo, personnel or fuel inside the 14 day requirement, submit ETP and contact C7F as to whether this will require resetting the 14 day counter. Limit crew activity on the pier to mission essential functions for the brief stop. For transfer of cargo and personnel, where feasible, use boat transfer from underway or at anchor.

4.A.10. (U) Operations, Activities, and Investments (OAI).

OAI are comprised of operations and exercises, conferences and port visits. Determination of whether to continue with OAI will be viewed through three lenses. The first lens is operational importance. The second lens is the specific level of concern in each country ? note that conditions are evolving on an almost daily basis requiring continual re- evaluation of plans. The third lens is magnitude of risk, to include the number of sailors associated with the OAI (crew or detachment size) and potential damage and criticality of mission failure unique to each mission.

4.A.10.A. (U) Conduct risk assessment and risk mitigation for OAI to prevent COVID-19 exposure. Recommend decisions to execute (with mitigations), modify, or cancel OAI.

4.A.10.A.1 (U) Assess for three types of risk.

4.A.10.A.1.A. (U) Risk to Force. The risk to force if the OAI is conducted as planned. Include assessment of deployment, execution and redeployment risks, medical response alignment and capacity with host nation agencies, and implications on unit force flow and redeployment requirements from additional foreign travel restrictions or quarantine.

4.A.10.A.1.B. (U) Risk to Mission. The impact on training and or readiness of the OAI is not conducted or conducted at less than planned execution level.

4.A.10.A.1.C. (U) Risk to Strategy. The negative impact on partner of choice status, alliance maintenance and or regional access if the OAI is not conducted or conducted at less than planned execution level.

4.A.10.A.1.D. (U) Capture risk according to the CJCS risk assessment format per REF M, tailored by CPF as posted on the C7F CAS site. Include the following elements to characterize risk and make risk decisions or recommendations as appropriate.

4.A.10.A.1.D.1 (U) Source of risk.

4.A.10.A.1.D.2. (U) Consequences of the risk.

4.A.10.A.1.D.3. (U) Probability of the consequence. Measure as highly unlikely, improbable, probable, or very likely.

4.A.10.A.1.D.4 (U) Severity of consequence. Measure as minor, moderate, major, or extreme harm to something of value.

4.A.10.A.1.D.5. (U) Determine initial risk level as either low, moderate, significant, or high.

4.A.10.A.1.D.6. (U) Identify relevant risk mitigation that can be applied in terms of actions or decisions required at appropriate level.

4.A.10.A.1.D.7. (U) Consolidate all OAI into a spreadsheet of prioritized importance, listing the OAI, INDOPACOM risk assessment, magnitude of crew size, recommendation to continue or cancel and mitigations and provide a 90 day rolling update to the C7F BWC as outlined in reporting requirements in section 5. A template is provided on the C7F CAS site (OAI 90 Day Spreadsheet). For crew size, list nominal crew carried for class of platform.

4.A.10.A.1.D.8 (U) OAI requiring decision will include - in addition to the OAI 90 Day spreadsheet input - the accompanying USINDOPACOM Decision Point and Risk Decision slides (format available on C7F CAS page).

USINDOPACOM country risk assessments are used when determining whether or not to execute OAI. This differs from CDC threat levels. The latest USINDOPACOM country risk levels are available on the C7F CAS page.

4.A.10.B. (U) Operations and Exercises. Operations will continue unless otherwise directed. Exchanges of personnel will not occur from any country. Contact C7F if virtual planning done in place of travel is not sufficient to continue execution of operations and exercises with partners and allies.

4.A.10.C. (U) Planning, Pre-Sail and other conferences. No personnel will attend conferences of any type. Plan all conference functions virtual or by other means.

4.A.10.C.1. (U) Exercises and bi-lateral or multi-lateral operations requiring conferences or pre-sail coordination will continue at sea only if the required safety elements are satisfied by conferencing via other means. Where so Commanders determine these operations cannot continue based on inability to execute the necessary coordination for safety, report this via the OAI risk evaluation process in section 4.A.10.A.

4.A.10.C.2. (U) The restrictions imposed on conference attendance are in addition to those imposed on travel as outlined further in this order.

4.A.10.D. Port Visits, including those in conjunction with scheduled operations and exercises.

4.A.10.D.1. (U) Persons exhibiting ILI symptoms are not permitted off ship unless being placed under medical evaluation for condition or under care.

4.A.10.D.2. (U) Port visits will not be scheduled in countries ranked as HIGH risk by INDOPACOM. Port visits in SIGNIFICANT, MODERATE or LOW risk countries require mitigations. Commanders may employ additional mitigations as they determine. The following mitigations serve as a baseline for planning and will be tailored to crew size, risk category, and port and country specific information in reporting the OAI.

4.A.10.D.2.A (U) Groups of personnel on liberty should be kept at smaller sizes (i.e. not to exceed 6) unless groups are part of MWR or other tour services that ensure accountability of the group.

4.A.10.D.2.B (U) Groups will be cognizant of areas of COVID-19 infection within the country/regions/areas visited and remain clear of these areas (i.e. placed off limits). Contact C7F Fleet Surgeon and Country Teams for information and support as needed. At a minimum, place off limits community centers, hospitals (unless seeking medical care), nursing facilities, and office buildings. Place off limits any house of worship the host nation has identified as a source of COVID-19 infection. These types of facilities have shown to be effective places of viral transmission.

4.A.10.D.2.C (U) Avoid large gatherings in crowded spaces.

4.A.10.D.2.D (U) Follow Fleet Health Protocols for prevention of COVID-19.

4.A.10.D.2.E (U) Do not construct COMRELS or other activities in hospitals or nursing home type facilities unless approved by C7F.

4.A.10.D.2.F (U) Ensure overnight liberty is not conducted in locations or establishments known to have had COVID-19 exposure. Do not concentrate large numbers of personnel in the same location for overnight liberty.

4.A.10.D.2.G (U) In countries with no COVID cases, no restrictions are in effect other than those under regular Fleet liberty policies.

4.A.11. (U) Aviation Specific Requirements. The requirements of para 4.A.10.D apply to aviation crews and detachments on through flights into countries. Aircrew shall ensure minimum time is spent outside official capacities in execution of mission duties. Minimize time spent with local populations. Operations teams shall not build in liberty time between flights outside of mandatory crew rest/crew day requirements.

4.A.11.A. (U) Conduct no flights to South Korea from points of origin outside of South Korea until specifically directed.

4.A.11.B. (U) Operations teams shall ensure that scheduling aircrew based on their travel history will not conflict with country-specific travel restrictions as described in the COVID-19 TRANSCOM Travel Restrictions posted on the C7F SIPR CAS Portal.

4.A.11.C. (U) Operations teams will, to the maximum extent practicable, ensure that flight schedules are written in a manner that aircraft and aircrews are flying to a single destination and return to the point of origin.

4.A.11.D. (U) As a part of the preflight brief, aircrew and passengers shall be screened for COVID-19 by ensuring each individual completes the screening protocols using COVID-19 Screening Questionnaire found in REF N, posted on the 7th Fleet SIPR CAS Portal.

4.A.11.E. (U) Requirements for passengers on military air, to include passengers in transit to operational duties, are found in paragraphs 4.A.13.C and 4.A.13.D.

4.A.12. (U) Travel. Determination of travel is governed by CDC threat assessment (COVID-19). These requirements apply to all personnel (uniformed, contractor, civilian) of afloat or deployed units and Task Forces that are transferring or traveling from afloat or deployed units, as well as homeported and in port units. All travel official and non-official is secured for SEVENTH Fleet forces unless determined essential travel or warranted for humanitarian or hardship reasons. Submit requests for exceptions to C7F.

Exceptions are currently held at the PACFLT level. Air crews are not subject to these requirements when flying in official duties. Air crew operations are governed under the guidance of OAI's promulgated in this TASKORD. Personnel separating or retiring in the next 60 days are not subject to these requirements.

4.A.12.A. (U) Travel in conjunction with assigned operational duties. Upon determination to execute an OAI, Service Members may be required to travel via military or commercial air as an authorized exception. Section 4.A.12.K contains requirements. ROM may be required depending on the country, or organization receiving. Paragraphs 4.A.13.C and 4.A.13.D describe military air screening requirements for these passengers. When on assigned duties in these circumstances, ensure personnel conduct self-observation as defined in section 6. When units are capable, institute small force laydown screening procedures as outlined in paragraph 4.A.3.

4.A.12.B. (U) Immediately identify all Service Members who traveled in the prior 14 days to or through a CDC THN Level 3 or Level 2 country by any means as well as private conveyance. This applies to all forms of travel official and non-official. Place these Service Members in Restriction of Movement (ROM). During the ROM (starting from the day of departure from the Level 2 or 3 country) Service Members will be restricted to their residence or other appropriate domicile for 14 days and limit close contact (within 6 feet or 2 meters) with others. A negative test for COVID-19 does not reduce or eliminate ROM requirements. For Service Members living onboard ship, quarantine per NTRP protocols.

4.A.12.C. (U) Guidance for personnel in ROM status.

4.A.12.C.1. (U) For Military Open Bay or rooms with shared bathrooms or kitchen facilities, attempt to place persons in separate lodging for the ROM period. If unable to quarantine onboard per NTRP protocols, contact C7F for assistance.

4.A.12.C.2. (U) Service Members will self-monitor by taking their temperature twice a day and remain alert to difficulty breathing or developing a cough. If feeling feverish or for a documented temperature (greater than 100.4 F or 38 C), self-isolate and limit contact with others, and seek advice by telephone from their command and or health care provider.

4.A.12.C.3. (U) Separate from other people in homes or dwelling if residing with roommates or family members. Avoid sharing personal items.

4.A.12.C.4. (U) Do not travel, visit public or crowded areas, or use public transportation. Avoid interaction with pets and animals.

4.A.12.C.5. (U) Commands will provide medical evaluation and care immediately if the Service Member displays fever and symptoms consistent with COVID-19 per CDC guidance AT [HTTPS:\(DOUBLE SLASH\)WWW.CDC.GOV/CORONAVIRUS/2019-NCOV/HCP/INDEX.HTML](https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html)).

4.A.12.C.6. (U) Establish a means of communication with all personnel in ROM until allowed to resume their normal duties.

4.A.12.C.7. (U) The Service Member will call ahead before going to a MTF and inform them of symptoms and travel history.

4.A.12.D. (U) Upon receipt identify and track all Service Members who travel or have a history of travel in the prior 14 days through CONUS or territories.

4.A.12.D.1 (U) Implement self-observation and remain alert for fever, cough or difficulty breathing.

4.A.12.D.2. (U) Practice social distancing (6 feet or 2 meters), remain out of congregate settings and avoid mass gatherings.

4.A.12.D.3. (U) Immediately self-isolate, limit contact with others and seek advice by telephone from appropriate health care providers to determine whether medical evaluation is required if individuals feel feverish or develop measured fever, cough or have difficulty breathing.

4.A.12.E. (U) It is strongly recommended that DOD civilian employees, contractor personnel and family members who travel to, through and from countries with a CDC THN level 2 and 3 location for COVID-19 follow DOD guidance which is more stringent than CDC guidance.

4.A.12.E.1. (U) Commands will restrict DOD workplace access for 14 days for DOD civilian employees and contractors whose travel has included THN level 2 and level 3 international locations. For all other travel, commands will encourage self-observation procedures. In restricting access, commands will attempt to provide measures to allow telework and consult contracting offices or their ISIC for guidance.

4.A.12.F. (U) IAW REF AJ and AV, and until further notice, all CONUS (to include Guam) DON military, civilians, and their families will stop movement.

4.A.12.G. (U) Effective 13 Mar 2020, and for the next 60 days, concurrent official travel for family members of DOD uniformed personnel and civilian personnel is denied to CDC THN Level 2 (COVID-19) designated international locations. DOD civilian hiring actions for positions in Level 2 and Level 3 designated international locations are postponed for non-essential civilian personnel who have not yet begun to travel.

4.A.12.H. (U) IAW REF AF, uniformed and civilian personnel and family members traveling to, from, or through CDC THNS Level 3 (COVID-19) designated locations will stop movement until 12 May. This includes all forms of travel, including leave.

4.A.12.I. (U) IAW REF AF, DOD travelers should plan travel to ensure their scheduled flights do not transit through or originate in Level 3 designated locations. DOD authorized departures are delayed until appropriate transportation and reception procedures are in place for their intended route of travel.

4.A.12.J. (U) Exceptions to policy for travel to Level 3 designated countries may be granted for compelling cases where the travel is determined to be mission essential, necessary for humanitarian reasons, or warranted due to extreme hardship. Authority for these exceptions resides at PACFLT.

4.A.12.K. (U) Upon receipt, identify all travel determined mission essential (to include compelling humanitarian or hardship cases) and submit per reporting procedures found in section 5 to C7F for determination in the format posted on the C7F CAS page. For travel that is authorized:

4.A.12.K.1. (U) Transition to military or DOD contracted aircraft for DOD sponsored travelers coming from or going to CDC level 3 or Level 2 designated international areas to the greatest extent practical.

4.A.12.K.2 (U) Consider the risk profile of the traveler (older individuals or those with underlying diseases).

4.A.12.K.3 (U) Limit travel to those who are healthy to the greatest extent possible.

4.A.12.K.4 (U) Establish a means of communication with all personnel throughout the travel process and impose ROM until they are allowed to resume their normal duties.

4.A.12.K.5 (U) Inform all travelers of their responsibility to contact their gaining organization in advance of travel and to keep the organization updated on their travel itinerary.

4.A.13. (U) Medical Requirements. For all in person assessments of personnel, to include asymptomatic assessments, medical personnel will wear appropriate personal protective equipment (PPE) IAW REF AN. A surgical mask shall be placed on the patient.

4.A.13.A (U) Screen all personnel for Influenza Like Illness (ILI) reporting from PCS transfer or returning from TAD prior to embark. Screen all personnel for ILI prior to debarkation. ILI is defined as fever (temperature greater than 100.4 F), cough and/or sore throat without a known cause. Person Under Investigation (PUI) is defined as a member presenting with ILI and an intent to test for coronavirus.

4.A.13.B. (U) Following port visits, screen personnel for ILI at the five to seven day and nine to eleven day points of voyage.

4.A.13.C (U) Aircraft units will screen personnel prior to embarkation on flights to airfields in different countries. For aircraft that visit multiple airfields in multiple counties in a flight profile, mission commanders will screen personnel prior to embarkation at each airfield. If medical screening is positive, individual will be isolated per procedures in this order and not permitted to disembark.

4.A.13.D (U) If determined to have an alternate diagnosis for ILI that does not require isolation, patients will be dispositioned with Sick in Quarters (SIQ) procedures and return to duties when symptom free and/or medically cleared. This applies to ships in port and at sea and aircraft crews and authorized passengers.

4.A.13.E. (U) For ships in port, ILI patients without an alternate diagnosis will be referred immediately to military treatment facilities (MTF) ashore for further evaluation. Provide advance notification to the MTF. If MTF is not available, the International SOS identified,

Tricare- approved host nation hospitals located throughout the C7F AOR are the alternate preferred location.

4.A.13.E.1. (U) Local MTF or host nation hospital may admit the patient IAW their medical policy. Additional testing may be performed as clinically indicated.

4.A.13.E.2. (U) Host nation criteria for COVID-19 testing may differ from USN or USG criteria. ILI patients referred to external treatment facilities that do not receive an alternate diagnosis, but do not meet Host Nation or MTF COVID-19 testing criteria or are in locations where testing is not available will be placed under ROM for a period of 14 days. ROM should be executed ashore when feasible to reduce transmission aboard ship. If not feasible, member may be returned to ship and will remain in isolation for 14 days. If still symptomatic after 14 days, contact ISIC medical for guidance and assistance.

4.A.13.E.3. (U) Patients receiving an alternate diagnosis from the local MTF or host nation facility will be treated as SIQ and returned to duties once symptoms resolve and they are medically cleared.

4.A.13.E.4. (U) Patients with ILI who test negative for

COVID-19 via CDC approved testing may return to duties once symptoms resolve and they are medically cleared. Patients with ILI who test negative for COVID-19 via host nation or other procedures not CDC approved will remain in ROM for 14 days prior to return.

4.A.13.F. (U) Ships at sea with patients lacking alternate diagnosis for ILI symptoms and lacking testing capabilities for COVID-19 will isolate the patients and use MEDADVICE procedures to ISIC to determine disposition.

4.A.13.F.1. (U) For ships at sea equipped with COVID-19 testing, patients with ILI symptoms who do not have another diagnosis will be tested for COVID-19. Examples of current testing means are surveillance protocols (EUA), diagnostic protocols (RUO), and are expected to eventually include Biofire testing to all large deck ships.

4.A.13.F.1.A. (U) Patients at sea with ILI and without alternate diagnosis who test negative for COVID-19 by surveillance testing will be isolated for 14 days, even if symptoms resolve prior to returning to duties. If symptoms persist at day 14, contact ISIC medical for guidance and assistance with disposition.

4.A.13.F.1.B. (U) Patients with ILI and without alternate diagnosis who test negative for COVID-19 by approved diagnostic testing at sea may be returned to duty once symptoms resolve and they are medically cleared.

4.A.13.F.2. (U) Patients receiving an alternate diagnosis will be placed SIQ and returned to duty when symptoms clear and/or authorized by medical authorities.

4.A.13.G. (U) If COVID-19 is diagnosed, maintain the patient in isolation and contact ISIC medical. Treatment for COVID-19 is supportive. If possible, patient will be transferred to a shore facility for isolation and treatment. If not possible, maintain the member in isolation aboard ship. If MEDEVAC is recommended by the medical provider on the ship based upon clinical condition, call ISIC medical to facilitate patient movement. Once a patient has recovered and has no symptoms, 2 sets of negative tests and a medical evaluation are required for return to duty IAW CDC guidance.

4.A.13.H. (U) Complete COVID-19 screening questionnaire prior to dental care. Do not provide routine, elective, or non-emergent dental care if ILI or suspected COVID-19 contact. Emergent dental procedures must be performed with stringent attention to best infection control practices due to very high risk of disease transmission from aerosols generated during dental care.

4.A.13.I. (U) IAW CDC guidelines, execute cold chain shipping of laboratory specimens.

4.A.14. (U) All afloat command triads, department heads, departmental leading chief petty officers and unit medical departments shall review NTRP 4-02.10, Shipboard Isolation and Quarantine, and be prepared to execute the TTPs in this policy.

4.A.14.A. (U) Identify locations and develop plans for quarantine and isolation.

4.A.14.B. (U) Ensure high contact areas are cleaned daily at a minimum, to avoid spread of disease using appropriate virucidal solutions IAW REF AN.

4.A.14.C. (U) Maintain cognizance and track their personnel during their absence from the unit due to ROM, SIQ, quarantine and isolation.

4.A.14.D. (U) Develop a plan for personnel with family members who are in or return from countries with moderate or higher risk and who have ILI symptoms.

4.A.14.E. (U) Maintain cognizance of and track personnel during absence from unit due to ROM, SIQ, quarantine and isolation.

4.A.15. (U) Conduct Crisis Action Planning.

4.A.15.A. (U) Mass Shipboard Isolation and Quarantine planning. Identify designated spaces and materials required for quarantine.

4.A.15.B. (U) Identify critical manning shortfalls that impact ship's readiness and mission readiness.

4.A.15.C. (U) If underway plan for conducting emergency port visit.

4.A.15.D. (U) If in port, identify the respective shore commands and facilities for coordination of transfer of infected personnel to medical facilities as required.

4.A.15.E. (U) Test the reporting processes for ensuring C7F and higher commands are in communications.

4.A.15.F. (U) BPT conduct ship operations out of Guam and Japan only.

4.A.15.G. (U) Rotational forces BPT conduct ship operations out of Guam only.

4.A.16. (U) CTF 70, CTF 71, CTF 72, CTF 76 and CFWP 4.A.16.A. (U) BPT provide air transportation for evacuation.

4.A.16.B. (U) Identify and acquire required PPE for flight crews and required equipment to properly sanitize aircraft in the event C7F is tasked to provide MEDEVAC for infected personnel. Household level cleaning chemicals are considered

acceptable for sanitization purposes. Refer to paragraph 6.B.4. for a list that includes NSN numbers for cleaning materials.

4.A.17. (U) CTF 73.

(U) Submit logistics plan and laydown to minimize the number of ETPs needed to resupply the fleet.

4.A.18. (U) CTF 70, CTF 71 and CTF 76.

4.A.18.A. (U) BPT conduct more frequent refueling and resupply in port under ETP requests.

4.A.18.B. (U) BPT conduct operations out of Guam and Japan only.

4.A.19. (U) BPT enact Hazardous Protection Conditions (HPCON) as set by Regional Commanders.

4.A.20. (U) BPT enact additional region specific restrictions.

5. (U) Coordination Instructions

5.A. (U) Updates to country level risk will be posted on C7F CAS webpage at:

<https://www.pr.cas.navy.smil.mil/fleet/c7f/site.nsf/Main.html>

5.B. (U) Reporting.

5.B.1. (U) Commanders will report and submit the following to the C7F BWC, C7F ABWC, C7F Surgeons Office and C7F N1 by

1400 (I)/0500(Z) daily.

5.B.1.A. (U) COVID 19 SITREP Quad Slide ? format found on the C7F CAS page.

5.B.1.B. (U) ETP requests, NLT 7 days prior to execution.

5.B.1.C. (U) OAI 90 day spreadsheet inputs ? format found on the C7F CAS page.

5.B.1.D. (U) On hand quantities of PPE and overage/shortage percentage as part of the Daily Progress Report ? format found on the C7F CAS page.

5.B.1.E. (U) Daily counts of ILI per platform as part of the Daily Progress Report.

5.B.1.F. (U) Summary reports of requested mission essential, hardship, and humanitarian travel exception requests ? format found on the C7F CAS page.

5.B.1.G. (U) COVID-19 Patient Tracker ? format found on the C7F CAS page.

5.B.1.G.1. (U) COVID-19 Patient Tracker supersedes the Quarantine Tracker and will be utilized for reporting of personnel who are PUIs and in ROM status. Discontinue submission of a separate quarantine tracker. Ensure all updates, to include new patients, are highlighted in blue font.

5.B.2. (U) Submit OPREP-3 Navy Unit SITREP for all PUI.

Send reports of all PUI in parallel email to C7F BWC, C7F ABWC and FLEET SURGEON.

5.B.2.A. (U) Format OPREP-3 unit SITREPS with the following information: command, rank/rate, age, gender, ROM location, ROM start date, ILI symptoms, reason for PUI status, travel locations and dates if applicable, known persons contacted between the time of suspected infection and ROM.

5.B.2.B. (U) For positive COVID-19 results, commands will release an OPREP-3 NAVY BLUE and make voice report to the C7F BWC. Where possible, phone call notifications will be made to the C7F Commander or Chief of Staff prior to transmission.

5.B.2.C. (U) OPREP status shall be updated as member status changes, with final update when member is declared no longer a PUI or, in the case of a positive test, is assessed by medical professional as clear of infection.

GENTEXT/ADMIN AND LOGISTICS//

6. (U) Admin.

6.A. (U) Definitions

6.A.1. (U) Quarantine. The separation of an individual or group that has been exposed to a communicable disease, but is not yet ill, from others who have not been so exposed, in such manner and place to prevent the possible spread of the communicable disease.

6.A.2. (U) Isolation. The separation of an individual, or group, infected or reasonably believed to be infected with a communicable disease from those who are healthy in such a place and manner to prevent the spread of the communicable disease.

6.A.3. (U) Restriction of Movement. Limiting movement of an individual or group to prevent or diminish the transmission of a communicable disease, including limiting ingress and egress to from or on a military installation; isolation, quarantine and conditional release.

6.A.4. (U) Influenza Like Illness (ILI). Fever (temperature over 100.4 F), cough and/or sore throat without a known cause.

6.A.5. (U) Person(s) Under Investigation (PUI). Individuals with an influenza like illness with provider intent to test for COVID-19.

6.A.6. (U) Confirmed Case. A person with a positive laboratory test for COVID-19.

6.A.7. (U) Self-monitoring. The process of individuals monitoring themselves for COVID-19 symptoms by taking their temperatures twice a day, if able, and remaining alert for symptoms like cough or difficulty breathing. Commanders should provide a plan for service members on self-monitoring with instructions on whom to contact if they develop fever, cough, or difficulty breathing during the self-monitoring period, and to determine how best to seek further medical evaluation.

6.A.8. (U) Self-observation. The process of individuals remaining alert for COVID-19 symptoms. If symptoms develop during the observation period, the member should limit contact with others and seek health advice by telephone from healthcare provider to determine how to seek further medical evaluation.

6.A.9. (U) Active Monitoring. The process in which MTFs establish regular communication with potentially exposed people to assess for the presence of fever, cough or difficulty breathing. For people with high risk exposures this communication occurs at least once per day.

6.B. (U) Logistics.

6.B.1. (U) Personal protective equipment (PPE). Use the planning factors for DOD non-healthcare personnel to maintain the following stock levels of PPE: 5X Surgical Masks, 28 Pair Exam Gloves, 1X Bottle Hand Sanitizer, 1X Eye Protection per person onboard.

6.B.2. (U) CTFs and units will coordinate with local DLA and NAVSUP FLC activities for coordination of bulk requirements for all units for PPE and other equipment required to conduct screenings. CTFs will coordinate with unit TYCOMs for ETP approval to exceed high-level limit on ship stock items.

6.B.3. (U) CTFs and units will submit requisitions through normal supply channels. Report item shortages directly to TYCOM and C7F to assist expediting of required PPE.

6.B.4. (U) Units will order items listed below and non-contact thermography equipment if not part of ship's Authorized Medical Allowance List (AMAL).

6.B.4.A. (U) Hypochlorite Wipes, NSN: 7930014233699.

6.B.4.B. (U) Culture Swab, NSN: 6550014740651.

6.B.4.C. (U) Specimen Bags, NSN: 6530013234586.

6.B.4.D. (U) Gloves, NSN: 6515015265210.

6.B.4.E. (U) Face Shield, NSN: 6515013615228.

6.B.4.F. (U) Cooler, NSN: 6515014672081.

6.B.4.G. (U) N-95 Respirator, NSN: 6515015001519.

6.B.4.H. (U) Hospital Personnel Gown, NSN: 6532015888167.

6.B.4.I. (U) Face Mask, NSN: 6515009827493.

6.B.4.J. (U) Rapid Influenza Test Kits, NSN: 6550015413237.

6.B.4.K. (U) Viral Transport Media, GSA Advantage Contract
NUMBER: 36F79718D0395.

6.B.4.L. (U) Shoe Covers, non-skid-universal, fluid resistant NSN
6532015847682

6.B.5. (U) Additional recommended supplies will be posted on the C7F CAS site.

6.C. (U) Funding.

6.C.1. (U) Supporting commands will capture and report incremental costs ISO this TASKORD through their respective agency comptroller to Defense Finance and Accounting Service (DFAS) IAW DOD FMR 7000.14-R, Volume 12, Chapter 23.

6.C.2. (U) Commands supporting DSCA operations will capture costs for potential reimbursement by lead Federal Agency, HHS.

6.D. (U) Public Affairs.

6.D.1. (U) Public Affairs lead is COMPACFLT. Public Affairs posture is respond to query for external media, active for internal communication. Public Affairs guidance will be provided SEPCOR.

6.D.2. (U) CTF PAOs will submit to C7F PAO RTQ products on events to include but not limited to OAI impacts, 14-day underway requirement ETPs, and any personnel exhibiting COVID symptoms.

6.D.3. (U) CTF PAOs will refer all media queries to C7F PAO.

6.D.4. (U) CTF PAOs are encouraged to utilize all command information channels (Social Media, SITE TV, 1MC, Newsletters, etc.) to disseminate regular updates to inform SEVENTH Fleet Sailors and their families.

6.D.5. (U) Recommend using region and installation social media pages for area specific information. In addition, use the following websites for the latest information:

6.D.5.A. www.cdc.gov

6.D.5.B. www.who.int

6.D.5.C.

<https://community.max.gov/display/DoD/Navy+Medicine+COVID-19+Response>

6.D.5.D. <https://www.med.navy.mil/sites/nmcphc/program-and-policy-support/pages/novel-coronavirus.aspx>

6.E. (U) Lessons Learned.

6.E.1. (U) All lessons learned developed from the SEVENTH Fleet response to COVID-19 will be recorded in the Joint Lessons Learned Information System (JLLIS).

6.E.2. (U) Lessons learned should follow the Joint Lessons Learned format (observation, discussion, and recommendation) and should be classified at the lowest level possible. Classified lessons must include portion/paragraph markings.

6.E.3. (U) Lessons learned products should be provided to the SEVENTH Fleet Battle Watch Captain, copy to SEVENTH Fleet Lessons Learned Manager, Mr. (b) (6) (b) (6) @lcc19.navy.(smil).mil, copy to (b) (6) @fe.navy.(smil).mil. Mr. (b) (6) will upload lessons learned products to the JLLIS COVID-19 Communities of Practice (COP) on JLLIS NIPR and JLLIS SIPR.

6.E.4. (U) The JLLIS COVID-19 COPs, which contain existing lessons learned documents and guidance, can be accessed at the following links. To contribute to either, select Become a Contributor.

6.E.5. (U)

<https://www.jllis.mil/apps/?do=cops.view&copid=3381>

6.E.6. (U)

<https://www.jllis.smil.mil/apps/?do=cops.view&copid=864>

GENTEXT/COMMAND AND SIGNAL//

7. (U) Command and signal.

7.A. (U) Points of Contact.

7.A.1. (U) COMSEVENTHFLT

7.A.1.A. (U) C7F BWC/DSN Underway (b) (6) /COMM Underway (b) (6) (b) (6) (AT)lcc19.navy.(smil).mil//

7.A.1.B. (U) C7F Surgeons Office (b) (6) (at)lcc19.navy.smil.mil/DSN Underway (b) (6) /DSN Ashore (b) (6) (b) (6) /Cell (b) (6) // BT

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<DmdsSecurity>UNCLASSIFIED//</DmdsSecurity>

<DmdsReleaser (b) (6) /DmdsReleaser>

CLASSIFICATION: UNCLASSIFIED//

From: (b) (6) CAPT USN, USS Theodore Roosevelt
To: Baker, Stuart P RDML USN, CCSG-9
Cc: Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CSSG9; (b) (6) CAPT USN, CVW-11 CAG; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, COMDESRON23; (b) (6) CAPT BKH CO; (b) (6) CDR - BKH XO; (b) (6) LCDR USN, USS THEODORE ROOSEVELT; (b) (6) CMC USN, USS Theodore Roosevelt; (b) (6) MCPO USN CVW-11 (USA); (b) (6) CMC USN, CCSG9; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN, USS Theodore Roosevelt
Subject: Post-Danang Update 18 March
Date: Tuesday, March 17, 2020 9:03:41 PM

Admiral,

Daily update on the 39 sailors in monitored sequestration.

1. Daily temperature checks performed with no fevers. All sailors are currently symptom-free. Still on track for Sunday morning release from quarantine after temperature checks.
2. Biological Defense Research Directorate medical augment team. Discussed with 7th Fleet/PACFLT - the current plan is that they will be with us the rest of deployment unless they receive tasking from higher headquarters.
3. C7F TASKORD FHP Revision 1 released 16 March. Clarification on one of the changes: screening (asking questions of everyone if they are symptomatic) is now for 11 days after a port call. Quarantine is still a 14 day process for those potentially exposed to Coronavirus.
4. C7F/PACFLT surgeons concur with our plan for continued screening and quarantine/isolate as clinically indicated after port visits (as opposed to trying to put everyone into individual berthing).

Standing by for questions.

v/r,

SMO

(b) (6), MD
CAPT MC(FS) USN
Senior Medical Officer
USS Theodore Roosevelt (CVN-71)
Work: (b) (6)
J-dial: (b) (6)
Cell: (b) (6)

(b) (6)

LCDR USN NAVCIVLAWSUPPACT DC (USA)

From: (b) (6) CAPT USN, USS Theodore Roosevelt
Sent: Saturday, March 14, 2020 3:31 AM
To: Baker, Stuart P RDML USN, CCSG-9
Cc: Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CSSG9; (b) (6) CAPT USN, CVW-11 CAG; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, COMDESRON23; (b) (6) CAPT BKH CO; (b) (6) CDR - BKH XO; (b) (6) LCDR USN, USS THEODORE ROOSEVELT; (b) (6) CMC USN, USS Theodore Roosevelt; (b) (6) MCPO USN CVW-11 (USA); (b) (6) CMC USN, CCSG9; (b) (6) CDR USN, USS Theodore Roosevelt
Subject: Post-Danang Update 14 March -- TESTING RESULTS
Signed By: (b) (6) @mail.mil

Admiral,

All 39 tested NEGATIVE for COVID-19. This does not release them from quarantine but does make everyone breathe a little easier.

They will continue to be observed for the remainder of the 14 days and if any develop symptoms they will be re-tested.

v/r,

SMO

-----Original Message-----

From: (b) (6) CAPT USN, USS Theodore Roosevelt
Sent: Saturday, March 14, 2020 10:29 AM
To: Baker, Stuart P RDML USN, CCSG-9
Cc: Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CSSG9; (b) (6) CAPT USN, CVW-11 CAG; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, COMDESRON23; (b) (6) CAPT BKH CO; (b) (6) CDR - BKH XO; (b) (6) LCDR USN, USS THEODORE ROOSEVELT; (b) (6) CMC USN, USS Theodore Roosevelt; (b) (6) MCPO USN CVW-11 (USA); (b) (6) CMC USN, CCSG9; (b) (6) CDR USN, USS Theodore Roosevelt
Subject: Post-Danang Update 14 March

Admiral,

Daily update on the 39 sailors in monitored sequestration.

1. Daily temperature checks performed with no fevers. Only two patients with minimal symptoms (cough/sore throat), all without a fever, treating with over the counter medications.

2. Biological Defense Research Directorate medical augment team. Testing ongoing today for the 39 sailors. Should have results by the end of the day. Will update later.

3. COVID-19 worldwide notes. Continued cancellation of numerous high-level sporting events. On a local level, Coronado schools closed until 6 April. Map attached of CDC risk assessment. Level 3 is dark orange. Level 2 is yellow (the rest of the world).

Standing by for questions.

v/r,

SMO

(b) (6), MD
CAPT MC(FS) USN
Senior Medical Officer
USS Theodore Roosevelt (CVN-71)
Work: (b) (6)
J-dial: (b) (6)
Cell: (b) (6)

(b) (6)

LCDR USN NAVCIVLAWSUPPACT DC (USA)

From: Crozier, Brett E CAPT USN, USS Theodore Roosevelt
Sent: Thursday, March 12, 2020 11:03 PM
To: (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CMC USN, USS Theodore Roosevelt
Cc: (b) (6) LCDR USN, USS THEODORE ROOSEVELT
Subject: LTR to TR Families
Attachments: 200313 Letter to the Family ICO Capt. - C19 (3).docx

Gents,

Please see attached and give me any feedback. Intent is to release after our second set of CV19 tests are complete (and negative) tomorrow/Sunday. I'll sign on command letterhead and send them a PDF copy to post on the OMBUDSMAN closed FB page.

Credit goes to (b) (6) and her awesome writing skills.

Vr,
Capt

CAPT Brett E. Crozier
Commanding Officer
USS THEODORE ROOSEVELT (CVN 71)

To our family and friends,

Hello to all from aboard 'America's Big Stick', the mighty TR. We have enjoyed a very eventful and productive almost two months at sea, covering thousands of nautical miles on the seas and in the air. Our presence out here has never been more important for our nation, and your Sailors are the ones making it happen successfully every day. Just over a week ago, we had the opportunity to recognize 87 such Sailors, spot promoting them the next superior paygrade, in recognition for all they provide for our team, their respective departments and the friends and family back home that are no doubt extremely proud.

Besides highlighting the accomplishments of our Sailors, I wanted to reach out as the Nation and the world attempt to contain COVID 19 and limit its effects. Onboard the TR, taking care of our Sailors is our number one priority, and we are doing everything we can to ensure they remain healthy so we can continue to accomplish our mission out here in the Western Pacific. In addition to keeping the ship clean on a regular basis, we have also increased our ship wide sanitization procedures to include the daily wipe downs of all surfaces with a strong disinfectant.

Additionally, we have educated the crew for symptoms to look for should they feel under the weather, and our world-class medical department is screening any Sailors that reports feeling ill to ensure we stay on top of any increasing reports of illnesses. We also recently received a medical team onboard that can provide rapid testing should a Sailor show any symptoms. **Out of an abundance of caution, we've tested select individuals. Based on the test results, there are no indications that any Sailors onboard have COVID-19 or symptoms consistent with COVID-19 exposure.**

Taking COVID-19 into consideration, there has been no change to our current schedule, but we will take a close look at all future port calls, and reevaluate them as necessary, to ensure we do not stop anywhere that has an increased risk of exposure.

Again, your Sailors are our top priority and we will continue to do everything we can to keep them safe. Everyday your Sailors provide me the opportunity to be proud. I am always in awe of the pride, professionalism and work they do every day. You have every right to boast that your father, mother, son or daughter is a United States Sailor, and trust that as their leadership, they are always in good hands.

Very Respectfully,

Capt. Brett Crozier



Navy Preventive Medicine Teams Embark Ships in 7th Fleet

| U.S. 7th Fleet Public Affairs | March 23, 2020

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SOUTH CHINA SEA -- Members of Navy Forward-Deployed Preventive Medicine Units (FDPMU) and Naval Medical Research Center (NMRC) embarked several 7th Fleet ships March 14 to help combat the risk of and provide laboratory batch testing for COVID-19 onboard the ships.

Teams are embarked on the amphibious assault ship USS America (LHA 6), the aircraft carrier USS Theodore Roosevelt (CVN 71), and the U.S. 7th Fleet flagship USS Blue Ridge (LCC 19) and have the ability to batch test Sailors onboard who present with influenza-like illness symptoms, instead of only sending samples to be tested ashore.

This capability provides early-warning surveillance for the medical teams to be able to identify if a COVID-19 case is onboard a ship, but does not individually diagnose Sailors. If a batch were to test positive for COVID-19, the medical teams would take additional measures, such as isolating the Sailors whose samples were in the batch, and depending on the Sailor's symptoms, potentially medically evacuating them off the ship to a shore facility for testing.

To date, no cases of COVID-19 have been diagnosed aboard any U.S. 7th Fleet Navy vessel.

"The team here in 7th Fleet has taken COVID-19 seriously from the beginning and has many public health measures already in place," said Capt. Christine Sears, U.S. 7th Fleet Surgeon. "The FDPMU and NMRC augmentation teams provide additional depth in our ability to combat this virus."

Photos

1 of 1



Hospital Corpsman 2nd Class Ashton K from Imlay City, Michigan, tests respiratory samples in the medical bay of amphibious assault ship USS America (LHA 6). Amphibious flagship of the America Expeditionary S Group, 31st Marine Expeditionary Unit is operating in U.S. 7th Fleet area of operations to enhance interoperability with allies and and serve as a ready response force to peace and stability in the Indo-Pacific region. (Photo by (U.S. Navy photo by Mass Communication Specialist Seaman J Berlier))

[Photo Details](#) | [Download](#) |

Teams embarked the ships to provide at-sea testing and to ensure the U.S. 7th Fleet operating forces are ready to combat a possible outbreak while maintaining mission readiness. The teams provide additional capabilities in addition to the U.S. 7th Fleet's isolation procedures.

The teams are comprised of a variety of specialized Navy Medicine personnel to ensure force health protection of the fleet, and may include: a microbiologist, medical laboratory technician, preventive medicine officer, preventive medicine technician.

"As a medical service corps microbiology officer, this embark gives us the chance to demonstrate some of our skillsets to the fleet, and what we bring to the fight," said Lt. Cmdr. Rebecca Pavlicek, Blue Ridge COVID-19 testing team lead. "This capability allows us, the Navy, to protect mission readiness and protection of our Sailors."

To ensure force health protection of the fleet, other medical specialties or logistical components can be scaled up or down to meet mission specific requirements in the mitigation, health surveillance, and casualty prevention.

The 4-person team aboard America was the first to bring COVID-19 testing capability to a U.S. Navy ship.

"This is the most advanced laboratory capability that Navy Medicine has placed forward deployed," said Cmdr. Brian Legendre, team lead and preventative medicine officer for the preventative medicine team aboard America.

"We can make force health protection decisions in real time, enhancing the health of the crew while minimizing any potential outbreak of COVID-19," added Lt. Cmdr. Danett Bishop, team microbiologist.

The FDPMU teams aboard the USS America and the USS Blue Ridge are from Navy Environmental Preventative Medicine Unit Six based out of Pearl Harbor, Hawaii, and work to facilitate and educate using preventive medicine practices and provide additional laboratory capabilities. The team embarked with USS Theodore Roosevelt is assigned to the Naval Medical Research Center based in Silver Spring, Maryland.

Currently, the teams are only authorized to perform surveillance testing and not individual testing. This means that the results cannot be linked to a particular patient for diagnostics, but would enable the team to detect COVID-19's presence on the ship based off of the results.

"Since we are performing surveillance testing, the results of COVID-19 present, or not present can help inform the force health protection posture and provide valuable insight for the senior medical officer and outbreak response team," said Pavlicek.







The teams are equipped with two testing capabilities, including the BioFire Film Array and the Step One RT-PCR System. The BioFire Film Array will test for a dozen different respiratory diseases, while the Step One RT-PCR System allow for complex COVID-19 tests at sea, if necessary.

As the U.S. Navy's largest forward-deployed fleet, 7th Fleet operates roughly 50-70 ships and submarines and 140 aircraft with approximately 20,000 Sailors.

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(b) (6)

LCDR USN NAVCIVLAWSUPPACT DC (USA)

From: (b) (6) CAPT USN, USS Theodore Roosevelt
Sent: Monday, March 16, 2020 10:17 PM
To: ALL_OFFICERS; ALL_CHIEFS; E-6 and Below
Subject: Coronavirus screening - Update - now only 11 days of screening
Signed By: (b) (6) @mail.mil

All,

On the heels of the message I sent yesterday, C7F released a revision to the TASKORD for Force Health Protection against COVID-19.

BLUF: Everything stays the same (regarding what we're looking for) except now the duration of screening is 11 days total. Not 7+7, just 11 days of Departmental/Squadron leadership asking their sailors if they have flu-like symptoms and if the answer is "yes" then they report to Medical. For Vietnam, the 11 days expires on 3/19.

Thanks for your help in the ongoing battle against Coronavirus...I'm sure there will be more changes in the future, appreciate the flexibility.

v/r,

SMO

(b) (6), MD
CAPT MC(FS) USN
Senior Medical Officer
USS Theodore Roosevelt (CVN-71)
Work: (b) (6)
J-dial: (b) (6)
Cell: (b) (6)

-----Original Message-----

From: (b) (6) CAPT USN, USS Theodore Roosevelt
Sent: Monday, March 16, 2020 8:19 AM
To: ALL_OFFICERS; ALL_CHIEFS; E-6 and Below
Subject: 14 days of screening after port visits

All,

Some clarification on screening on the ship after port visits. First, the rationale for 14 days: everything we know about Coronavirus shows that 99% of people will have symptoms by approximately 13 days (mean 5 days). There are three categories of screening:

1) As previously passed, each department will screen their sailors for 7 days after leaving a port by asking them questions regarding Fever, Chills, Cough, Sore Throat, Shortness of breath, Body aches, and Abdominal pain. After the 7 days (which expired yesterday, 3/15), then each individual will self-monitor for the same symptoms for the next 7 days. If at any time during this process a person answers yes to one of those symptoms then they are to report to medical for additional screening and they enter the next category.

2) Individuals that answered yes to one of those symptoms now get daily temperature checks in Medical. They are required to do these checks for the full 14 days after leaving the port (last day 3/22). This is the list that CAPT (b) (6) (nurse anesthetist) is tracking and sending to leadership.

3) Personnel arriving via COD - HODs/DLCPOs are notified (by CAPT (b) (6) using the ATO manifest) of those individuals that require screening after arrival on a COD. Same screening concept except that their 7+7 days of screening starts the day they arrive on the ship and results are emailed to CAPT (b) (6).

Again, at any time within the 14 days, if a person develops these symptoms they need to be evaluated by Medical.

This, combined with sanitation, hand washing, respiratory/cough etiquette, is an all hands event - that applies to the Coronavirus and all infectious diseases that are more easily spread in close quarters.

Please contact myself or CAPT (b) (6) if you have any questions.

Thanks for your help.

v/r,

SMO

(b) (6), MD
CAPT MC(FS) USN
Senior Medical Officer
USS Theodore Roosevelt (CVN-71)
Work: (b) (6)
J-dial: (b) (6)
Cell: (b) (6)

From: (b) (6) CAPT USN NBG
To: "Crozier, Brett E CAPT USN, USS Theodore Roosevelt"
Cc: (b) (6) LCDR USN NSF; (b) (6) MCPO USN NBG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CMC USN, USS Theodore Roosevelt; (b) (6) CAPT BKH CO; (b) (6) CDR - BKH XO
Subject: RE: TR PVST
Date: Monday, March 23, 2020 5:29:56 AM
Attachments: [kilo.pptx](#)

Chopper,

My team and I are working the problem feverishly while we are still engaged on the ground here in the COVID-19 fight.

My first priority is to support your safe mooring, provide proper husbanding, supporting as many of your required 5Rs all while ENSURING your crew stays "Clean". Once we get that locked in we will focus on the QOL.

I have attached a general schematic of Kilo Wharf for the potential Force Health Protection Enclave (FHPE) we may employ to enable us to keep the required separation. External to the yellow line we (military, government civilian and contractor) will be able to operate and inside will be 1 of the QOL zones.

The other QOL zones will most likely be Gab Gab Beach and the Helicopter Triple Pad, both of which are within walking distance of the wharf. I still plan on enclaving most if not all of Orote Peninsula so there is a lot of room for the crew to stretch their legs. (there is also a Small Arms Range up there)

We will set up Gab Gab with recreational gear for your use. Triple Pad can be some more tents similar to the Kilo Wharf set-up.

Based on the continued spread I do not feel comfortable transporting a crew of your size around on buses....with the community spread we are seeing there is simply no way to ensure your team will stay clean.

The same is true with the NEX. However, I am working with the NEX to bring them to you. Can I get a supply POC that I can link up with NEX to work on the details to this plan.

A lot of work is left to be done but we are progressing our planning for both TR and BKH. So please keep having your team reach out to my team and we will all converge on the right balance for this Business Not As Usual situation.

Very respectfully,
CAPT (b) (6)
Commanding Officer
Naval Base Guam

W: (b) (6)
C: (b) (6)
NIPR: (b) (6) @fe.navy.mil
SIPR: (b) (6) @fe.navy.smil.mil

-----Original Message-----

From: Crozier, Brett E CAPT USN, USS Theodore Roosevelt

[mailto:(b) (6)@cvn71.navy.mil]

Sent: Sunday, March 22, 2020 11:01 PM

To: (b) (6) CAPT USN NBG <(b) (6)@fe.navy.mil>

Cc: (b) (6) LCDR USN NSF <(b) (6)@FE.navy.mil>; (b) (6)

MCPO USN NBG <(b) (6)@FE.navy.mil>; (b) (6) CAPT USN, USS
Theodore Roosevelt <(b) (6)@cvn71.navy.mil>; (b) (6) CMC

USN, USS Theodore Roosevelt <(b) (6)@cvn71.navy.mil>; (b) (6)

(b) (6) CAPT BKH CO <(b) (6)@cg52.navy.mil>; (b) (6) CDR -

BKH XO <(b) (6)@cg52.navy.mil>

Subject: RE: TR PVST

(b) (6),

Good evening from the TR.

The team has been working on a plan for our upcoming visit and I wanted to ensure we are all still aligned with current NBG policy (knowing that it could certainly change moving forward). (b) (6) (BKH CO) cc'd for SA and additional coordination. BKH would likely prefer their own set up on their pier, but the rest of the plan would remain the same for both ships.

Current Plan (Pier Liberty +limited NBG access):

1: Pier liberty with ship beer sales, occasional ship bbq, wifi, and games.

- We'll need to contract out tables, tents, wifi, and rent some MWR type

games that are appropriate for the setting.

2: Exclusive Gab Gab access for TR and BKH. (some MWR rentals - paddle board,

vball set up, etc..)

- We will provide all security, lifeguards, and oversight for the time GabGab

is open. Pedestrian access in addition to bus access.

3: Limited NBG access (NEX/Liberty Center/Movie Theater/Gym/ball fields/hiking

area above K Wharf) - assumption is that this will be exclusively for TR and

BKH so we're going to volunteer to staff it as required to minimize interaction with NBG personnel.

- Obviously a lot of details to needed to worked out based on your comfort

level and ability to limit interactions between ship's company and TR/BKH Sailors.

Other discussion points:

- Buses. We intend to provide bus riders, but we'll need to work through the

medical screening process for the drivers.

- Pier support. Wifi, stage, tents, etc.. can be set up before our arrival,

but I imagine we'll also need to ensure a screening process exists for them as well.

- We intend to purchase beer from nexcom (or out in town if necessary) so we

can control the sale and not require vendors on the pier.

- We intend to execute 'comrels' which will essentially entail us cleaning up

the beach, beer, and surrounding areas every morning. If there are other areas on the base we can assist with let us know.

- We're working through advon requirements to assist with the setup prior to

our arrival. This will be a minimal footprint, but we might need assistance

ensuring they can get lodging on base that minimizes exposure risks.

Overall goal is to provide decent QOL, while minimizing risk from CV19.

Should CV19 cases increase significantly in Guam/NBG, then our alternate COA

is Pier liberty only. Hopefully it doesn't come to that.

If this aligns with the current situation there let me know and we'll get the

action officers working an update logreq and coordination with FLC and others.

Thanks in advance.

Vr,
Chopper

CAPT Brett E. Crozier
Commanding Officer
USS THEODORE ROOSEVELT (CVN 71)



Witness Statement of (b) (6), AME1:

On 13 May 2020, I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via telephone.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: AME1 (b) (6) Position: LPO w/ VFA-154

Command: VFA-154 Department/Division: VFA-154

Email Address: (b) (6)@cvn71.navy.mil Phone(s): N/A

In August of this year, I will have been in the Navy for 18 years. I have been on seven deployments. I reported to VFA-154 in July 2019. When I first got onboard the ship, everything ran smoothly for a ship this size. Everyone seemed to like each other and got along. The ships CO, XO and CMC were out on the deck plates and involved with the ships company. The CMC of my squadron is probably the best CMC I have ever worked for.

When we first left for deployment, I had symptoms on point with COVID-19. I went to medical and was diagnosed with pneumonia. Medical gave me breathing treatments and I was SIQ for four days. Another Sailor was sick too his name is AME2 (b) (6) from VFA-86.

There was a sickness going around the ship. We did cleaning stations twice a day due to double dragon. Bleachapoloza did not start until after the Da Nang port visit. There was talks on SITE TV about hygiene and washing hands. The liberty brief for Da Nang did include talks about COVID. No social distancing was discussed but I knew about it because my wife is a nurse. Outside of the liberty brief the ship did not touch more on the topic of COVID - 19, I believe the ship was not trying to scare anyone with the information. Arriving in Da Nang was hectic. We rushed off the ship and then on the pier with no addition checks on the pier. There was bad weather and the liberty boats stopped running in the evening. I had no COVID concerns until the last day in port Da Nang. Liberty was secured while I was in the hangar bay. An Officer walked around telling everyone liberty was secured and to leave the Hangar bay. Two to three days later there was a 1MC announcement about the quarantine and that there were no positive Sailors.

After leaving Da Nang the ship started enforcing cleaning with bleach. We were encourages to wear PPE for protection. At first, I thought the original 39 Sailors that were quarantined, could be sick but then we were told that it was out of pre caution that they were placed in quarantine. I heard through the deck plates that quarantine was bad. It took them a while to get the food delivery set up and there was nothing set up for them to communicate with family. We did receive 1MC announcements about the quarantine. Nothing about the status of the individual Sailors but just about updates on the outlook. Cleaning became an all hands effort. I heard through word of mouth about two Sailors testing positive. I believe they

isolated them in medical. I ended up having to stay in isolation in my berthing for 10 days because one of the initial positive COVID Sailors was from my berthing. My CMC lined us all up in berthing. He placed a first class at the head of the line and a first class at the back of the line. He then instructed us to go to medical ten people at a time. Straight there and back to the berthing. Once we all got back, security chained all the doors, and shut everything down. One door was not chained which had a security guard in front of it. There was no communication besides my CO and CMC coming to check on us. At this time we weren't told anything about the status of the ship. I did not feel safe at this time.

The Gym stayed open until we arrive in Guam. We were instructed to wipe down our equipment as we were using it. Barbershop stayed open until the two positives went into quarantine. Ship operation and day to day stuff was pretty much normal until we arrived in Guam. Social distancing was not put in place until after we arrive in Guam.

I was unaware of anything with the Guam Government. I did know that Guam was operating under reduced operation levels. This information was told to me by a friend who knows someone in Guam. No plan was put out about what to expect in Guam. Everyone seemed confused about the whole situation. I did not expect a mass exit off the ship but I did expect things to move pretty quickly. Minute by minute things were changing and not moving. When I did finally leave the ship, I was test on the ship and then took a van to the gym. Once my results came back, I went to my hotel Grand Hyatt. Upon arrival at the hotel, I got my temperature taken again, someone was there to explain the rules to us and I went to my room. The internet sucked but the food was good. There ended up being two positive Sailors within the hotel. My understanding was the ship took them back to base. Communication with my chain of command at that time was good. We used a signal app and the TR "alone together" Facebook page for updates. Morning and evening muster were conducted but really just to make sure everyone was okay.

Coming into Da Nang the morale was great. The liberty boat was kind of an issue but I still enjoyed my time there. COVID hit morale a bit, while I was in quarantine my morale was low. I felt like I was in jail. After arriving in Guam nothing was being done to help us. The CO's letter happened and I understand why he did it. So many people were getting sick in such a short time and nothing was being done for us. At this point I just want to go home and continue with my life.

I swear (or affirm) that the information above is true and accurate to the best of my knowledge, information

(b) (6)

(b) (6)

(Witness' Signature)

22 May 2020

(Date)

0958
Guam

Time

Name of Interviewer: Command Master Chief (b) (6)

Witness Statement of (b) (6) CSC:

On 13 May 2020, I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via telephone.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: CSC (b) (6) Position: Night Food Production Chief

Command: USS THEODORE ROOSEVELT Department/Division: Supply/S2

Email Address: (b) (6)@cvn71.navy.mil Phone(s): N/A

I have been in the Navy for 18 years. I reported onboard USS THEODORE ROOSEVELT in December 2018. I am currently working in the S2 Supply department. When I first reported to the ship my impression was that the ship was a busy environment. The ship was coming out of the yards and everyone was getting back into it.

I do not recall an outbreak before Da Nang. There were the normal discussions at quarters about washing hands and maintaining sanitation. Nothing was out of the ordinary, the normal out to sea sickness. I did get sick but treated myself. This felt like a normal cold, my body felt uneasy. I eventually went to sick call and got medication and felt better. Prior to entering Da Nang I do not recall COVID discussions. I did hear about it on the news. Everything happened so quickly back to back. There was a liberty brief we had to watch prior to Da Nang port call. The brief did include COVID-19 information. It was covered that there were cases in the Northern Vietnam area. This is basically on the other side of the country. Everyone was forced to stay in Da Nang, hotels had to be selected from an approved list. At this time there was no discussion of social distancing. I don't really there being any change to watch standing routine. Upon leaving the ship for liberty in Da Nang we were required to show our ID and liberty verified documents such as hotel reservation. I went on overnight liberty and enjoyed myself. I ate some food and took a lot of pictures. I found out rather quickly about the Sailors in Da Nang. I'm not sure who told me but I recall being told that Sailors came into contact with COVID positive civilians in a hotel. Once the Sailors arrive back on the ship they were placed in quarantine for two weeks and I do believe they were tested. The Sailors were brought food and bedding in an attempt to make them comfortable. I do not recall where the Sailors were placed during that time. Prior to Da Nang we did cleaning station in the morning for an hour and sweepers in the evening. Cleaning stations went to 30 minutes in the morning and sweepers in the evening before Da Nang. I can't remember when we started cleaning with bleach. In the Galley we have been cleaning with bleach for a while but I do know we continued cleaning stations and sweepers.

After Da Nang, more leadership was out cleaning and monitoring areas that should be getting cleaned. The XO gave information on all areas people touch and that should be cleaned. I

thought it could have been possible that the Sailors in quarantine could have been positive. But it came out within a few days that they were negative. It gave me some comfort knowing that but you still thought about what if. The ship put measures in place and we did do extreme cleaning. The chain of command communicated all information very well. The CO made IMC announcements and the department leadership was very involved. It felt like we were fighting against something that could be sitting right next to you.

The Gym stayed open until Guam or maybe a day before we arrived in Guam. MWR monitored the Gyms cleanliness and ensured that people were wiping down their equipment after they used it.

I knew if there were positive cases within my chain of command because medical will contact the chain of command. Medical would require us to wear a mask and gloves to get things out of their berthing. COC would then take them back to medical and medical will take them off the ship. Before pulling in Guam there were minimal cases, medical places them in isolation. I can't remember where the isolation place was onboard the ship. The CS's and FSA's did not wear mask but they did wear gloves to serve Sailors on the line. Supply talked to the CS's and FSA's about sanitizing their hands and hygiene all the time. We had CS's standing at the beginning of the line in the galley making sure everyone was using sanitizer as they entered the line in the galley. Everyone sat together on the mess desk, there was no social distancing. The barbershop stayed open until we arrived in Guam, I believe.

I knew about the situation in Guam. There were a few different plans but we ultimately implemented a group concept. Everyone received a list of everything they should take. Instructions were to clean our racks, met in the hangar bay, we all got in a van and were taken to a housing area. Prior to leaving the ship we were tested and then taken to a housing area. The house was nice with four bedrooms and three bathrooms. We had the option to get food in a little area or food was brought to us. Food was okay most days. Eventually I was taken to the Hilton hotel. My stay at the hotel was nice. I had no issues communicating with the ship. We mostly communicated via email.

The morale on the ship was interesting. We knew there were cases, now what? People were trying to figure out what to do. It was a questioning environment, concerns, worry, the news, am I ok? No real worry about COVID at first until Guam. Captain took the L for us. Meaning he took the loss for us. During this magnitude something had to be done, plans had to be executed and nothing was really working.

I swear (or affirm) that the information in the statement above is true and accurate to the best of my knowledge, information, and belief.

(b) (6)	17MAY20	1435
(b) (6) Signature	(Date)	Time

Name of Interviewer: Command Master Chief (b) (6)

LOCAL

Guam denies entry to ship over coronavirus concerns

Jerick Sablan Pacific Daily News

Published 12:44 a.m. ET Feb. 7, 2020 | Updated 3:02 a.m. ET Feb. 7, 2020

The government of Guam has denied a State Department request to allow a cruise ship to dock on the island over concerns some passengers may be infected with coronavirus.

A release from the governor's office stated acting Gov. Josh Tenorio denied entry to the MS Westerdam, a British-American private cruise vessel with 1,455 guests and 802 crew members.

There are no known cases of coronavirus aboard the vessel, according to Holland America cruise line, but it has been turned away by the Philippines and Japan over concerns about the illness.

More: Guam DOE takes precautionary measures in response to coronavirus

More: Officials on coronavirus: Rumors, misinformation can 'spread faster than the virus itself'

Tenorio consulted with Gov. Lou Leon Guerrero and denied the request, the release stated.

"While we feel for every soul on board the MS Westerdam. Our obligation is to protect the people of Guam," Leon Guerrero said. "Though Guam is prepared to deal with the potential implications of the coronavirus, few jurisdictions can screen, quarantine, or treat 1,400 patients at one time. We respect that Guam has a duty to the nation we love, but that duty cannot jeopardize the health and safety of our people."

"We have made clear that we will use every tool available to us to protect our people and our border," Tenorio said.

The Westerdam docked in Hong Kong on Feb. 1 and boarded approximately 800 passengers. The vessel sought entry at two other ports but was denied, given the potential risk of infection and the need for a large quarantine, the release stated.

Based on information from counterparts at the Center for Disease Control and the U.S. State Department, the vessel has enough food and fuel to sustain itself, the release stated.

Princess Cruises cases

Meanwhile, the Japanese Ministry of Health notified Princess Cruises that an additional 41 people screened aboard another ship, the Diamond Princess, have tested positive for coronavirus, the cruise line said in a statement.

On Wednesday, Princess Cruises confirmed 20 diagnosed cases of coronavirus on the ship, which was already under a 14-day quarantine. Guests testing positive are expected to be transported to local hospitals immediately, according to USA TODAY.

Guam precautions

To date, there are no confirmed cases of the coronavirus on Guam.

The Department of Public Health and Social Services continues to follow established protocols for reporting infections of public health significance, according to a news release.

Guam medical providers are reaching out to Public Health to discuss and evaluate suspicious cases, the release stated.

Testing at CDC

CDC recently developed a new laboratory kit that tests patient specimens for the virus, and Public Health has requested the test kits to establish testing on Guam, the release stated.

Each test kit can test approximately 400 patient specimens. On Feb. 5, the CDC began shipping diagnostic test kits to U.S. domestic laboratories and select international laboratories, the release stated.

From: (b) (6) CDR USN CCSG-9
To: (b) (6) USN VCNO (USA)
Cc: CSG9 BWC
Subject: RE: TR Command Investigation
Date: Wednesday, May 20, 2020 2:53:43 AM
Attachments: [En Route to Nam.pdf](#)
[CCSG-9 NOTE 1051 VIETNAM LIBERTY POLICY.pdf](#)
[TRNOTE 1050 CVVNOTE 1050 LIBERTY RISK PROGRAM.pdf](#)
[Vietnam Liberty Risk Signed.pdf](#)

(b) (6),

In response to your RFI -

RFI #1: What were the original dates for TR's Guam port visit and when did those dates change?

- **Original Guam port dates for TR: 3-10 APR. We pulled into Guam on 27 MAR 20. That date changed on 25 MAR 20.**

RFI #2: Please provide the PowerPoint used by the TR SMO for the quarantine plan/COVID mitigation strategies prior to the Da Nang port call. *The PPT would have covered how to handle individuals who tested positive, where to place them onboard, and the flow of services to spaces and how medical personnel would treat them.*

- **Attached**

RFI #3: Please provide the CCSG-9 and TR Da Nang liberty plan.

- **Attached**

Very respectfully,

(b) (6)

CDR (b) (6)
Carrier Strike Group NINE
N31 / N7
Embarked: USS THEODORE ROOSEVELT
NIPR: (b) (6) @ccsg9.navy.mil
SIPR: (b) (6) @ccsg9.navy.smil.mil
COMM: (b) (6)
VOSIP: (b) (6)
J-Dial: x (b) (6)

From: (b) (6) LT USN VCNO (USA) [mailto:(b) (6)@navy.mil]

Sent: Wednesday, May 20, 2020 5:57 AM
To: CSG9 BWC
Cc: C7F BWC; C7F ABWC; C7F-COVID-WG; C7F-N31-COPS; cpf.catbwc
Subject: TR Command Investigation

****PRE-DECISIONAL / DELIBERATIVE INFORMATION // ~~FOR OFFICIAL USE ONLY~~****

Good morning CSG-9 BWC,

Three new RFIs from our team today. Thank you again for all the hard work and prompt responses.

Request confirm receipt of this email.

Please encrypt any email(s) containing PII or sensitive information.

Please have the information available for closeout **within 24 hours.**

Point of Contact: LT (b) (6) (b) (6) @navy.(smil.)mil

If information is sent via SIPR, please email: LCDR (b) (6) : (b) (6) @navy.smil.mil

and LT (b) (6) : (b) (6) @navy.smil.mil

RFI #1: What were the original dates for TR's Guam port visit and when did those dates change?

RFI #2: Please provide the PowerPoint used by the TR SMO for the quarantine plan/COVID mitigation strategies prior to the Da Nang port call. *The PPT would have covered how to handle individuals who tested positive, where to place them onboard, and the flow of services to spaces and how medical personnel would treat them.*

RFI #3: Please provide the CCSG-9 and TR Da Nang liberty plan.

Thank you for your help with these RFIs and for all the help our team has received thus far.

Very respectfully,

LT (b) (6)
Command Investigation Team
Vice Chief of Naval Operations
O: (b) (6)
Pentagon Room (b) (6)
Washington, DC 20350-1000
(b) (6) @navy.(smil.)mil

****PRE-DECISIONAL / DELIBERATIVE INFORMATION // ~~FOR OFFICIAL USE ONLY~~****

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En Route to 'NAM

Agenda

- Care in 'Nam
- Hospitals in Vietnam
- MEDEVAC/Patient Transport
- Screening/Fleet Landing Plan
- Duty in 'Nam

After Action from Guam

- Sick call hours the same. Start at 0830.
- Place signage in morning on the Port Side
- Secure the starboard door.



USS THEODORE ROOSEVELT (CVN 71)
DA NANG, VIETNAM
5 MAR – 9 MAR
PORT CALL

**MEDEVACS/OFF SHIP
EMERGENCY/CONSULT**

Emergent Medical Care or Emergency MEDEVAC:

- Notify ACDO, SMO and Duty Provider.
- Notify ISOS.

TRICARE/INTERNATIONAL SOS (ISOS)

24 HOURS: (b) (6)

24 HOUR EMAIL: (b) (6) [@internationalsos.com](mailto:(b) (6)@internationalsos.com)

** CVN 71 Medical Dept will NOT send patients to any hospital in Da Nang without ISOS approval except for emergencies.**

MEDEVACS/OFF SHIP EMERGENCY/CONSULT

Emergent Consults

- If urgent consult is required (trauma, patient reports to local hospital, orthopedics, etc) notify SMO and Duty Doc. If ISOS is needed, contact ISOS with required information:
 - Name
 - Date of Birth
 - SSN
- SMO and Duty Doc must determine treatment needs of the patient.
- Contact with ISOS can be may made by any Medical Department Personnel.
- Utilize the medical van for patient transport if directed to transport patient to Hoan My Da Nang Hospital.

Non-Emergent Consults:

- SMO and Duty Doc must determine treatment needs of the patient.
- Contact with ISOS can be may made by any Medical Department Personnel
- For non-emergent consults, ISOS will determine the best suited medical facility for the patients medical condition.
- Utilize the medical van for patient transport in non-emergent cases, in which ISOS has already been contacted and directed to transport patient to hospital. (Medical has driver and van available)

HEALTHCARE FACILITY

HOAN MY DA NANG HOSPITAL

161 Nguyen Van Linh Street, Thanh Khe
District,
Da Nang, Vietnam

From ship: 338-9-011-84-236-3650-305
From local cell: 169-616-7172

MEDICAL DEPARTMENT OFF SHIP COMM

DA NANG MEDICAL DUTY VAN

Name of Driver:

CELL NUMBER:

FROM SHIP: (b) (6)

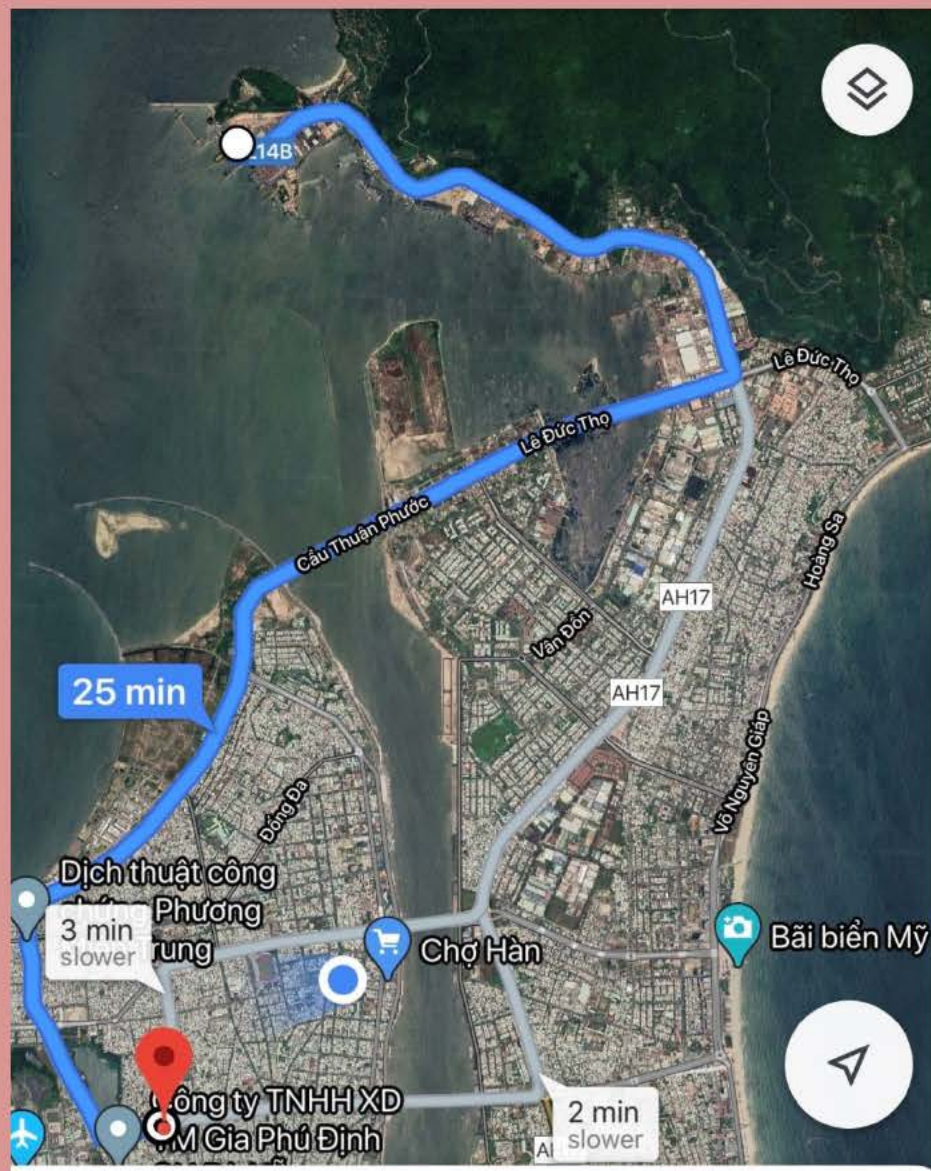
DUTY CORPSMAN ON THE PIER

CELL NUMBER:

FROM SHIP: (b) (6)

FROM VIETNAM DUTY CELL TO SHIP:

(b) (6)



Medical Evacuation – Priority I

Name (Last, First, MI)		Rate/Rank/Service:
DODID:	Date of Birth:	Gender:
SSN:		Male Female
Cmd/Dept		
ICD-10 Code(s):	Allergies:	Medications:
Altitude restrictions? YES NO	Any precautions regarding contagious diseases? YES NO	Altitude restrictions? YES NO
Condition: (circle) Stable Critical	Aircraft Configuration: (circle) Ambulatory Litter	
Command Escort Require? YES NO	Medical Attendant? YES NO	
Medical Facility:		
Hospital:	Phone:	
Accepting Physician:	Phone:	

- Before the patient leaves :

A copy of all medical documentation that needs to accompany the patient.

- After the patient leaves I will need:

Brief summary of the medical picture. Message Traffic is required.

Patient Transport for Medical Reasons

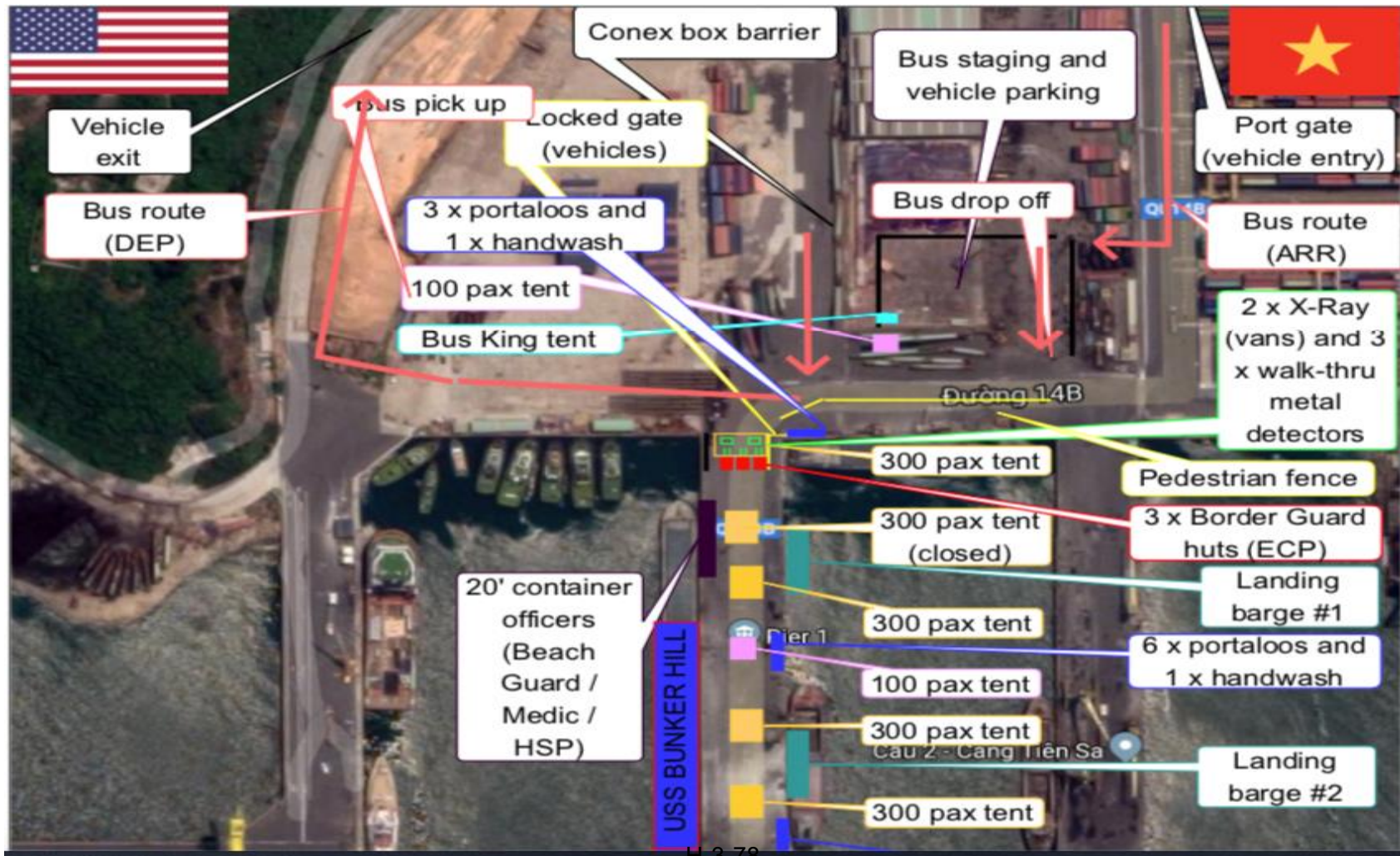
Name (Last, First, MI)		Rate/Rank/Service:
DODID:	Date of Birth:	
Cell Phone Number:	Cmd/Dept:	
If necessary, is patient able to tolerate the forces of a catapult launch? YES NO		
Command Escort Require? YES NO		
Provider to Provider Turnover: Hospital:		
Accepting Physician:	Phone:	Time and Date:

- Before the patient leaves :
A copy of all medical documentation that needs to accompany the patient.
- After the patient leaves I will need:
Brief summary of the medical picture



Screening/Fleet Landing Medical

Fleet Landing Layout



Screening Set up



ECP

Thermal
scanner



Comms pending



LB

LB

U
S
S

B
K

H-3-78

LB= Landing Barge

USFFC COVID-19 SCREENING QUESTIONNAIRE

v2020.02.28

- | | | |
|---|-----|----|
| 1. HAVE YOU BEEN TO ANY HIGH RISK COUNTRIES IN PAST 14 DAYS? | YES | NO |
| a. China, including Hong Kong and Macau | | |

If "YES", **STOP! DENY ENTRY**, screening complete, provide individual a mask, consult Medical Dept

- | | | |
|---|-----|----|
| 2. HAVE YOU BEEN TO ANY SIGNIFICANT RISK COUNTRIES IN PAST 14 DAYS? | YES | NO |
| a. Japan | | |
| b. Singapore | | |
| c. South Korea | | |
| d. Italy | | |
| e. Iran | | |
-

- | | | |
|----------------------------|-----|----|
| 3. ARE YOU CURRENTLY SICK? | YES | NO |
| a. Fever | | |
| b. Chills | | |
| c. Cough | | |
| d. Sore throat | | |
| e. Shortness of breath | | |
| f. Body aches | | |
| g. Abdominal pain | | |

*** IF YOU DEVELOP ANY OF THESE SYMPTOMS, CONTACT YOUR MEDICAL DEPARTMENT ***

- | | | |
|--|-----|----|
| 4. IN PAST 14 DAYS, HAVE YOU HAD CLOSE PERSONAL CONTACT, AS DEFINED BELOW, WITH ANYONE KNOWN TO BE INFECTED WITH COVID-19? | YES | NO |
| a. Within 6 feet | | |
| b. In a confined space (cab, small room, shared stateroom, berthing proximity, office, etc.) | | |
| c. Had direct contact with secretions (been coughed on, sneezed on, etc.) | | |
-

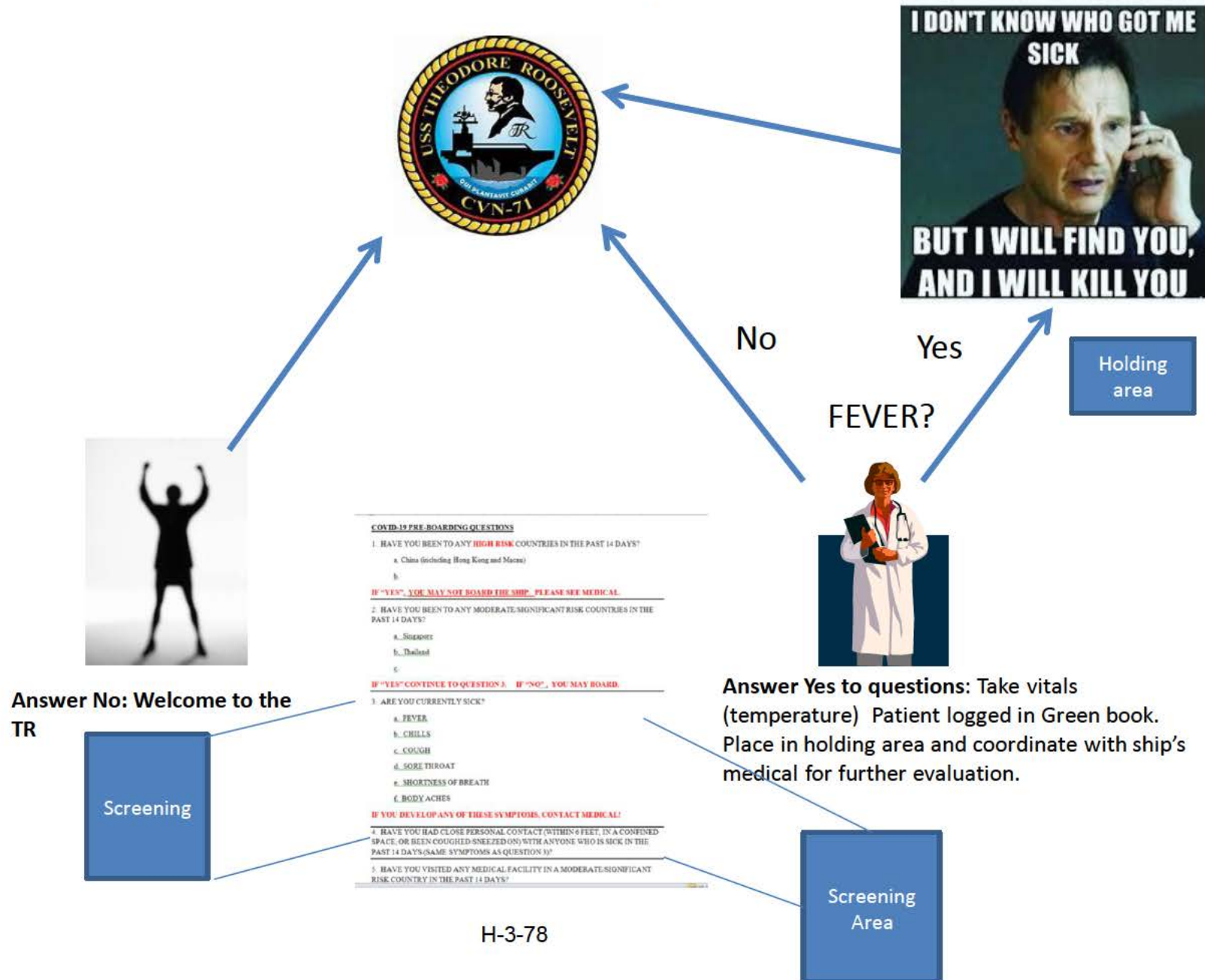
- | | | |
|---|-----|----|
| 5. HAVE YOU VISITED ANY MEDICAL FACILITY IN THE PAST 14 DAYS? | YES | NO |
| a. Facility visited: _____ (Medical Dept can query if cases reported there) | | |
| b. If "Yes", for Medical Department Representative inquiry only: | | |
| i. For what reason/condition: _____ | | |
-

If 2 or more questions are answered "YES", with appropriate PPE, temperature screening will be conducted. Data will be logged with DOD ID number, date, time, screener name, and temperature.

Log will be maintained by Medical Department and frequently reviewed by senior medical department representative.

- | |
|---|
| a. If temperature is greater than or equal to 100 °F (37.8 °C), log, DENY ENTRY , provide individual with a clean mask |
| b. If temperature is less than 100 °F (37.8 °C), log, allow access, screening complete. |

Screening/Fleet Landing Medical



Medical Logistics/Set up

Logistics needed from Supply:

- 5-10 chairs
- 1 tables (screening / equipment table)
- 1 tent (holding)
- Trash bin, trash bags
- Food for watchstanders
- Power source

Medical Supplies:

- Thermometer
- Water
- Log book
- Hand sanitizer
- Vital signs
- Biohazard bag
- Alcohol swabs
- Chem lights
- Comm w/ ships medical
 - **Radio and radio charging station**

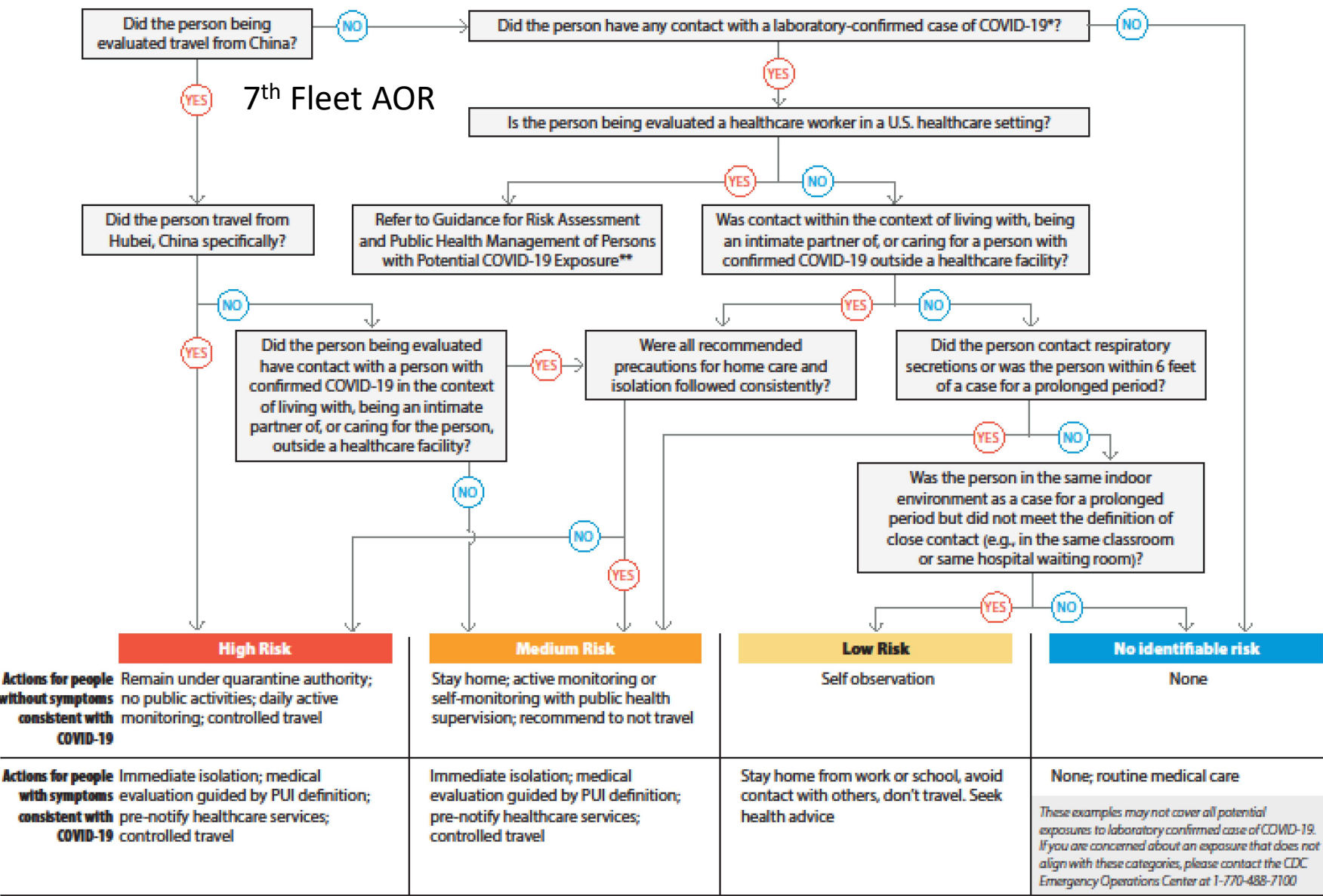


Coronavirus Disease 2019 (COVID-19) Risk Assessment and Public Health Management Decision Making

Each question refers to within the past 14 days



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



*Or a case diagnosed clinically with COVID-19 infection outside of the United States who did not have laboratory testing

**Healthcare provider (HCP) guidance outlines risk categories to determine work exclusion and monitoring procedures. After identifying risk category in the HCP guidance, use the categories outlined here to determine quarantine requirements.

These examples may not cover all potential exposures to laboratory confirmed case of COVID-19. If you are concerned about an exposure that does not align with these categories, please contact the CDC Emergency Operations Center at 1-770-488-7100

Medical Screening - Inbound COD

- Screen Incoming COD passengers from all countries in current AOR
- Time Frame: 7 days by department (daily reports to CAPT (b) (6)), next 7 days via self-reporting
- Departments will email CAPT (b) (6) daily report of **negative and positive** screenings on all COD individuals NLT 1600.
- Department Level Screening
 - Ask member about COVID-19 specific symptoms
 - Positive Screens for flu-like illness sent to medical for evaluation immediately (do not wait for sick call)
 - Patient dons surgical mask in medical
 - Fill out Respiratory Questionnaire (if initial visit)
 - Vital Signs taken, if abnormal, Duty IDC and/or Doc will evaluate
 - Patients will wait until evaluated by provider.
 - Option #1: Quiet Room (1-6 people)
 - Option #2: Ward with Curtain closed(~10-15 people)
 - If patients require Biofire or COV-19 testing, they will be moved to Quiet Room vs Ward depending on number.
 - Daily Re-evaluation by medical: current symptoms and vital signs including temperature (fill out Re-evaluation Form)

Medical Screening - Post Vietnam

- All Personnel Screened
- Time Frame: 7 days by department, next 7 days via self-reporting
- Departments email names of **positive** screenings to CAPT (b) (6) NLT 1600.
 - Ask member about COVID-19 specific symptoms
 - Positive Screens for flu-like illness sent to medical for evaluation immediately (do not wait for sick call)
 - Patient dons surgical mask in medical
 - Fill out Respiratory Questionnaire (if initial visit)
 - Vital Signs taken, if abnormal, Duty IDC and/or Doc will evaluate
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Medical Screening - Post Vietnam

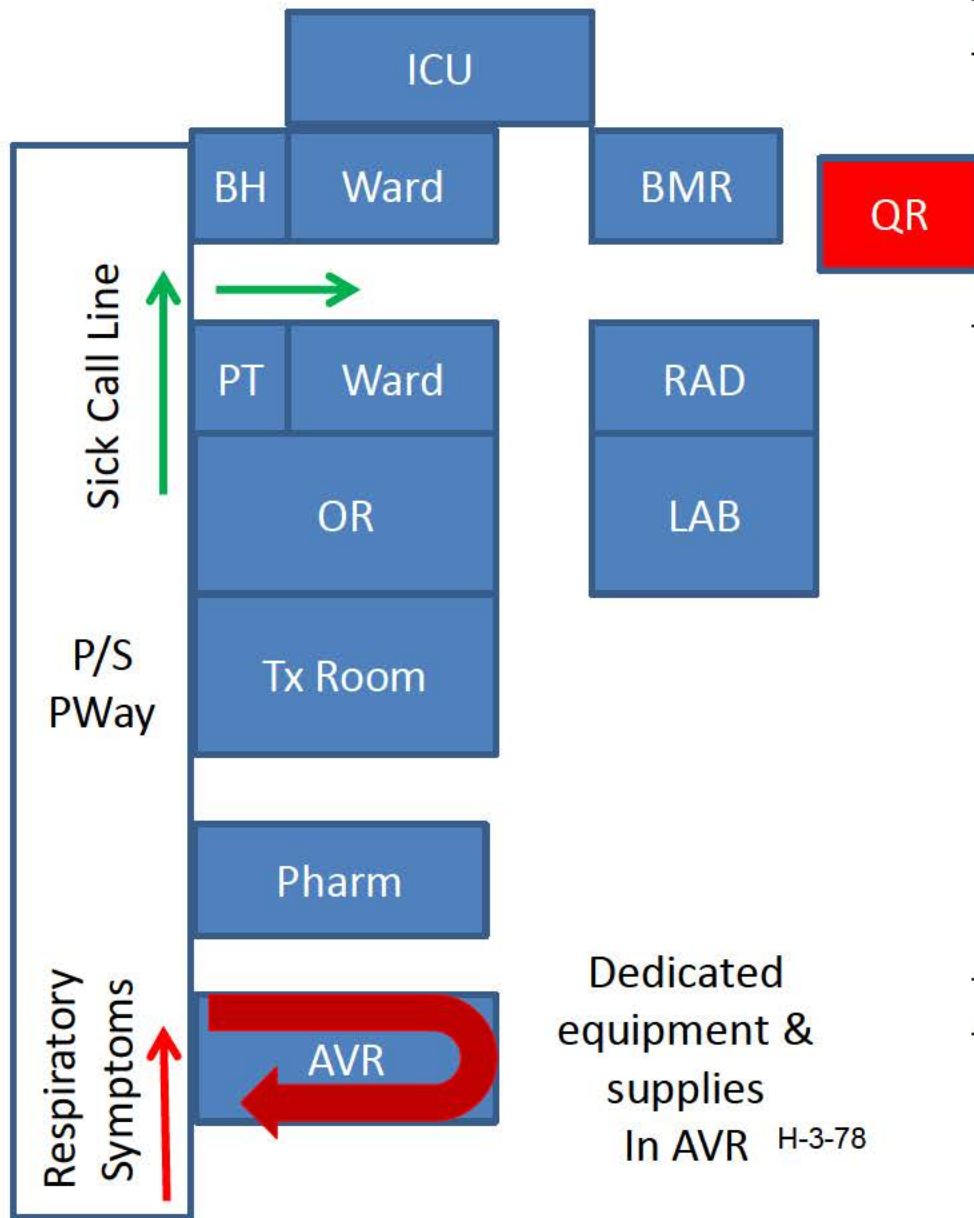


- All Personnel Screened
- Time Frame: 7 days by department, next 7 days via self-reporting
- Departments email names of **positive** screenings to CAPT (b) (6) NLT 1600.

Department Level Screening

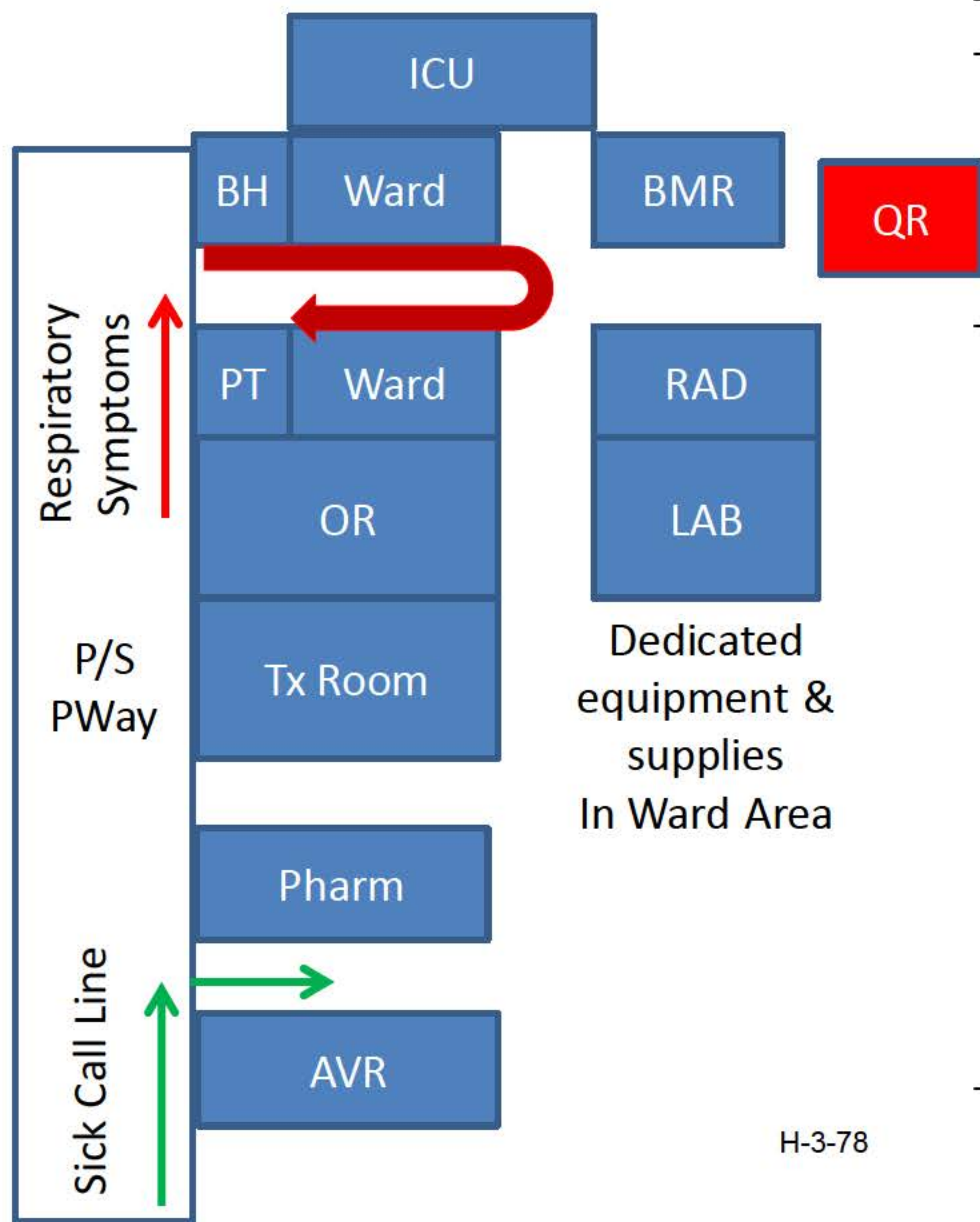
- Ask member about COVID-19 specific symptoms
- Positive Screens for flu-like illness sent to medical for evaluation immediately (do not wait for sick call)
- Patient dons surgical mask in medical
- Fill out Respiratory Questionnaire (if initial visit)
- Vital Signs taken, if abnormal, Duty IDC and/or Doc will evaluate
- Patients will wait until evaluated by provider for additional testing.
 - Option #1: Quiet Room (1-6 people).
 - Option #2: Ward with Curtain closed(~10-15 people)
- Daily re-evaluation will be completed.

COA #1



- Regular Sick Call enter via **PT/Psych Door**
- Flu-like Symptoms enter via AVR
- Don Mask (in line)
- Screened with Vital Signs
- Symptoms, but Temp < 100
 - Treat symptomatically with OTC Meds
 - Come back for Re-eval by medical daily 0700-0900
- Temp > 100
 - Eval by Duty Doc/IDC to treat
 - Wait in AVR
 - If further testing required, moved to Quiet Room
 - Investigate for other etiologies
 - Test with Biofire
 - If positive → viral etiology
 - If negative → Covid -19 "research" sequence.
 - Quarantine/isolate
 - Re-eval by medical daily
- OTC Medications available to RN/HMs
- Daily Field Day in AVR post evaluation of patients (Quiet Room if applicable).

COA #2



- Regular Sick Call enter via AVR
- Flu-like Symptoms enter via PT/Psych
 - Don Mask (in line)
 - Screened with Vital Signs
 - Symptoms, but Temp < 100
 - Treat symptomatically with OTC Meds
 - Come back for Re-eval by medical daily 0700-0900
- Temp > 100
 - Eval by Duty Doc/IDC to treat
 - Wait in PT Area
 - If further testing required, moved to Quiet Room
 - Investigate for other etiologies
 - Test with Biofire
 - If positive → viral etiology
 - If negative → Covid -19 "research" sequence.
 - Quarantine/isolate
 - Re-eval by medical daily
 - OTC Medications available to RN/HMs
- Daily Field Day in Ward post evaluation of patients (Quiet Room if applicable).

External Support

- The NAVMED R&D Team (1 lab) will support CTF-71.
- request arrival around 10 March (estimated).
- Players: LCDR (b) (6), PhD, MPH, HM1 (b) (6) (male), and HM2 (b) (6) (female).
- Equipment:
 - NGDS Biofire instrument and enough Biofire Respiratory-2 Panels to run diagnostics for the usual respiratory pathogens on up to 250 sailors. 1 hour run time, 10 at a time.
 - does not include COVID-19
 - 2 RT-PCR instruments on which we will be able to run COVID-19 “research only” assays for surveillance purposes
 - run approximately 800-1000 COVID-19 assays. 2 hour run time
- Training: teach MLTs to run the Biofire on ILI cases for diagnostic purposes. If the BioFire results are all negative, we then turn to the COVID-19 assay for surveillance purposes.

Quarantine Options

DV Row

- 6 rooms (2 person racks), cots for additional patients

Berthing

- Chief Overflow Berthing (aft mess deck)
- Admin Male berthing
- Medical Quiet Room (4 racks-isolated head)

Additional berthing

Brig

- Up to 20 (not ideal)

Logistics

- Heads
 - Secure heads for restricted use for isolated/ quarantined patients. If movement outside necessary, ensure wearing mask
 - Signage to secure the head for isolated/quarantined individuals only
 - Head cleaning with HTH, diluted chlorine bleach, cavicide with appropriate PPE
- Food delivery:
 - Delivered to them, wearing PPE.
- Laundry delivery
 - All laundry in tied plastic bag and transported.
 - Standard procedures for washing, minimal risk of transmission
- Trash
 - Soiled material and PPE tied in a sturdy leak proof bag and should be incinerated.
- Medical Checks
 - Daily medical checks. Must don appropriate PPE prior to entry and doff off BEFORE exiting.
 - Disposable or dedicated patient care equipment. Cavicide available.
 - Airborne precautions = N95 mask (fit testing)
 - Droplet= surgical mask

ILI thresholds

- Carriers 0.11%
- LHA, LHD, LSD, LCC: 0.41%
- DDG, CG, FG: 2.0%
- SSN, SSBN: 1.32%
- All others: 1.5%

MED DEPT- SHARED DUTIES

- Strict respiratory hygiene/cough etiquette
- Hand washing before and after patient
- Clean patient care bed and chair after every use
- In waiting area,
 - Surgical mask for URI symptoms
 - No touch receptacle for tissue disposal
 - Monitor replacement of hand sanitizer (walls units and mayo trays)

Duty Schedule

Name	Guam 7-10 Feb	'Nam 5-8 Mar	Guam 7-10 April	Thailan d 25-28 Apr	Singapor e 28 May- 01 Jun	Guam 11-14 Jun	Total duty days	Por ts off
LCDR (b) (6)	Duty (Day 1)	Duty (day 4)					2	0
LT (b) (6)	OFF	Duty (Day 3)					1	1
LCDR (b) (6)	Duty(Day 3)	Off					1	1
LT (b)	Off	Duty(Day 1)					1	1
LT (b)	Duty (Day 2)	Off					1	1
LT (b) (6)	Off	Duty (Day 2)					1	1
LT (b)								



DEPARTMENT OF THE NAVY
COMMANDER, CARRIER STRIKE GROUP NINE
UNIT 200219 BOX 1
FPO AP 96602

IN REPLY REFER TO

COMCARSTRKGRUNINENOTE 1051
N00
24 Feb 20

COMCARSTRKGRU NINE NOTICE 1051

From: Commander, Carrier Strike Group NINE

Subj: CARRIER STRIKE GROUP NINE LIBERTY POLICY FOR DA NANG, VIETNAM
PORT VISIT 5-9 MARCH 2020

Ref: (a) COMSEVENTHFLTINST 1050 dtd 22 Jul 19 "Liberty within the 7th Fleet Area of Operations"
(b) Foreign Clearance Guide
(c) JAGINST 5800.7F

Encl: (1) Individual Liberty Plan for E-6 and Below
(2) Command Liberty Log Template Page

1. Purpose. To provide guidelines per references (a) through (c) for the port visit to Da Nang, from 5 March 2020 to 9 March 2020. This policy shall be reviewed in its entirety.

2. Background. Liberty is a mission in Vietnam. Port visit incidents will have negative strategic impacts on an important developing relationship. This policy applies to all personnel, civilian and military within Carrier Strike Group NINE (CSG-9). We represent our Navy and must demonstrate exemplary personal and professional conduct without exception. All personnel will take immediate action and intervene when circumstances warrant. Do your part, make good decisions, set your people up for success and ensure that the liberty mission is solid.

3. Liberty Policy.

a. Overnight Liberty. Overnight liberty is only authorized for personnel who possess a valid U.S. Passport (passport cards are not authorized), proof of an authorized hotel reservation and a pre-approved liberty chit signed by the Chief of Staff and a liberty card.

b. Liberty Cards. Liberty cards will be issued in this port. Each person leaving the ship will be required to have a Vietnamese "Shorepass" with a serialized number corresponding to your crew member number. Every person will need to show the Shorepass in order to depart and return into Fleet Landing area. Anyone losing their Shorepass will be temporarily detained by the Vietnamese Border Patrol/Police until a signed request from the ship's Command Duty Officer (CDO) can be obtained to retrieve them. Service members who lose their Shorepass will not be permitted on liberty again. The list of names that correlates to numbers will NOT be provided to the government of Vietnam.

c. Liberty Plans. All E-6 and below personnel are required to submit a written liberty plan using enclosure (1) to their Department Head for final approval via their Division Officer and Leading Chief Petty Officer. Each department will maintain copies of the liberty plan and make them readily available upon request.

d. Liberty Log. All personnel will sign in and out using the Liberty Logbook located in Tactical Force Combat Center (TFCC); enclosure (2). This logbook will include full name, rank, liberty buddies, hotel information, email contact, passport number, and crew member number.

4. Liberty Expiration.

a. While in Da Nang, Vietnam, the local government ("People's Council of Da Nang") has ordered a curfew for ALL HANDS from 2400 to 0700. Disobeying this curfew is in violation of a direct order and can result in disciplinary action, in addition to charges by the local authorities.

b. Due to liberty boat capacity and limitations while at anchorage, liberty expires by paygrade every night and will expire inside the Entry Control Point at Fleet Landing as follows:

- (1) E-4 and junior: 2200
- (2) E-5 and E-6: 2300
- (3) E-7 and senior: 2359

Upon returning from liberty, ALL HANDS must check back in using the liberty log located in TFCC. BEACH Guard will record all names of Sailors returning to Fleet Landing after their respective liberty expiration.

c. For personnel who have been authorized overnight liberty and are not returning to the ship, liberty expires at 2359 in your hotel. Personnel must remain in their hotel until 0700 the following morning. ALL HANDS are required to muster between the hours of 0500-0700 by emailing (b) (6) @CCSG9.NAVY.MIL or by calling (b) (6). For emergency purposes only, you may contact the BWC at (b) (6).

d. Duty section personnel liberty will expire at 1000 on their duty day.

- Mar 5: Duty Section 4
- Mar 6: Duty Section 5
- Mar 7: Duty Section 6
- Mar 8: Duty Section 1
- Mar 9: Duty Section 1

e. Liberty for All Hands will expire at 1000 on 9 March 2020 so plan accordingly.

5. Liberty Buddy Policy.

a. The liberty buddy system is mandatory. Liberty buddies must remain together and must sign out from and return to the ship together. The liberty buddy rule applies to all, to include Government Service employees and contractors.

b. When authorized by the Department Head in accordance with requirements of reference (a), liberty buddies may be from other commands or trusted civilian acquaintances (e.g. spouse, sibling, or parent).

c. Liberty buddy swaps are NOT authorized in this port except by physically returning to the ship and recording the buddy swap in the liberty log.

d. Liberty buddy groups must be of at least two, but no greater than five persons.

e. If found without a liberty buddy, lone Sailors will be escorted back to the ship. If a Sailor loses their liberty buddy, he/she will report to the nearest member of the Shore Liaison Group/Shore Patrol and return to the ship immediately. There are no refunds for unused hotel rooms due to violations of the liberty buddy policy.

f. Liberty buddies are not required for official Morale, Welfare, and Recreation (MWR) tours and command-sponsored Community Relations (COMREL) projects that leave from and return to Fleet Landing. Liberty buddies are not required at Fleet Landing but are required if leaving the Fleet Landing area.

6. Senior Person Present Rule. All leaders are expected to enforce Strike Group liberty policies, and to intervene to prevent incidents.

7. Leave Policy. Leave will NOT be authorized for this port.

8. Drinking.

a. The drinking age for ALL HANDS while in port Da Nang is 18 years of age.

b. The Navy standard is RESPONSIBLE USE of alcohol. Inebriation is the most common cause of liberty incidents and could result in Uniform Code of Military Justice (UCMJ) charges.

9. Off Limits Areas/Activities.

a. Designated Liberty. The designated liberty area is the limit of the municipal province of Da Nang. You may not leave the designated liberty area unless on a command-sponsored COMREL event or MWR tour.

b. Bars/Clubs After Closing Hours. Expect an increased Vietnamese security presence during this port visit. You will be arrested if found in a bar or club after liberty expiration.

c. Prostitution. Engaging in prostitution or any commercial sex act is a violation of Article 134 of the UCMJ. Department of Defense policy prohibits any activity that may facilitate or encourage trafficking in persons. Trafficking in persons is cruel, inherently harmful, and dehumanizing. It is demeaning and contrary to our Core Values. Additionally, HIV rates among prostitutes generally run exceptionally high.

d. Two-wheeled Vehicles. Riding on two wheels, to include motorcycles, scooters, mopeds, and bicycles is strictly forbidden. Two wheeled vehicles are extremely dangerous on Vietnamese roads. Vehicular accidents are the leading cause of death of tourists in Da Nang.

e. Car Rentals. Renting or purchasing vehicles is not authorized in this port.

f. Water Vehicles. Operating wave runners, jet skis, or power boats is prohibited.

g. Hitchhiking. Hitchhiking is prohibited.

h. Extreme Sports. Bungee jumping, parasailing, sky-diving, boxing, wrestling, and martial arts are inherently dangerous activities are not permitted.

i. SCUBA diving. Diving is prohibited unless the member is qualified by an officially recognized association (i.e. PADI). Personnel may participate in qualifying dives in order to become certified by an officially recognized association, or may participate pursuant to approved MWR tours.

j. Surrendering Military ID/CAC. Restaurants or hotels may ask for an identification card when ordering to discourage walk-offs. Use a Driver's License or State ID. It is okay to show your Military ID/CAC to local law enforcement or border guard officials, but do not allow anyone to take possession of, make copies of, or photograph your Military ID/CAC.

k. Gun shops and Weapons. It is illegal for foreigners to possess guns. It is also prohibited to possess any ammunition, spent shells, or training rounds or throwing stars. Vietnam strictly prohibits importation of weapons.

l. Tattoo/Piercing Establishments. Tattoos and piercings are prohibited as hepatitis infections are common in this port through transmission via piercings or tattoos.

m. Local Pharmacies. Many drugs contain U.S. scheduled controlled substances which can result in a positive urinalysis, leading to non-judicial punishment (NJP) or administrative separation (ADSEP).

n. **Counterfeit Merchandise.** Avoid shops or street vendors selling counterfeit merchandise. It is illegal to bring counterfeit goods onboard a naval vessel or import them into the United States.

o. **Hotel/Lodging.** Being present in, making a reservation at, or staying overnight at, any hotel not on the authorized hotel list is prohibited. Private property rentals or housing (e.g. AirBnB, Vrbo, etc.) are not authorized.

p. **Photography of Military or Security Interest.** Taking photographs of anything that could be perceived as of military or security interest may result in questioning by authorities, fines, detention, or arrest.

q. **Religious Items.** Importation of religious material is outlawed in Vietnam. NCIS does not recommend visibly displaying or carrying prayer books or other religious materials. Avoid religious or political conversations with local nationals.

r. **Drug Offenses.** Punishments are severe and include the death penalty. Expect plain clothes police and heavy surveillance on local drug traffickers interacting with and targeting foreign tourists.

10. **Authorized Hotels.** The following hotels are the only authorized hotels for personnel on liberty in Da Nang:

a. **Downtown North/ Novotel Drop Off**

- (1) Da Nang Golden Bay
- (2) Stay Hotel
- (3) Zen Diamond Suites Hotel
- (4) Novotel Premier Han River
- (5) Hilton Hotel Da Nang

b. **Downtown South/ Green Plaza Drop Off**

- (1) Brilliant Hotel
- (2) Vanda Hotel
- (3) Samdi Hotel
- (4) One Opera Hotel

c. **Beach Drop Off**

- (1) A la Carte
- (2) Belle Madison Parosand
- (3) Mandila Beach Hotel
- (4) BlueSun Hotel
- (5) Paris Deli Danang Beach Hotel
- (6) Royal Lotus Hotel
- (7) Sofia Boutique Hotel*
- (8) Sofia Suites Hotel*
- (9) Four Points by Sheraton

d. Beach Other

- (1) Premier Village Da Nang Resort
- (2) Pullman Danang Beach Resort
- (3) Intercontinental Da Nang
- (4) Hyatt Regency Danang
- (5) Olalani Resort and Condotel

*The Sofia Hotels are two hotels operated by Vietnam Boutique Quality. No other Vietnam Boutique Quality hotels are authorized for lodging.

11. Violations.

a. Personnel will obey all orders of the local authorities, Shore Patrol, Beach Guard, and orders set forth in this policy.

b. In the event of a liberty incident, the entire N-Code will return to the ship for remediation. In addition, the Sailor will be subject to individual disciplinary action.

12. Conclusion. ALL CSG-9 personnel regardless of rank or status will be familiar with this policy. Our mission ashore as representatives of the United States of America and the U.S. Navy is equally as important as our mission at sea. Like our mission at-sea, we will execute to the highest standards without fail and will provide each other with forceful backup and support when acceptable risk to mission exists.

13. Records Management. Records created as a result of this notice, regardless of media and format, must be managed per Secretary of the Navy Manual 5210.1 CH-1 of August 2017.

14. Cancellation Contingency. This notice will be updated and remain in effect until superseded by another notice of the same subject.

(b) (6)



Chief of Staff

Releasability and Distribution:

This notice is not cleared for public release and is available electronically only via the CCSG-9 Sharepoint folder to users with common access card authorization,

(b) (7)(E)



COMMANDER CARRIER STRIKE GROUP NINE INDIVIDUAL LIBERTY PLAN

Rate/Rank/Name: _____ Age: _____ Date: _____ DIV: _____ Duty Section: _____

LIBERTY EXPIRATIONS (AT FLEET LANDING OR AT HOTEL) E4 AND BELOW: 2200 E5/E6: 2300 / E7 AND ABOVE: 2359

Division LCPO Risk Category ☐ Low ☐ Medium ☐ High

1. Have you read the SOPA liberty policy and understand the contents? YES / NO (Circle one)
2. If you are of legal age to drink alcohol, are you going to drink responsibly? YES / NO / N/A (Circle one)
3. Are you aware of the liberty policy? YES / NO (Circle one)

THURSDAY, 05 MARCH 2020 SECTION 4		ALCOHOL YES / NO (Circle one)	OVERNIGHT YES / NO (Circle one)	Duty/Staying on Ship <input type="checkbox"/>
Plans:	<input type="checkbox"/> Shopping <input type="checkbox"/> Sight Seeing <input type="checkbox"/> MWR Tour <input type="checkbox"/> Night Life/Bar <input type="checkbox"/> Movie <input type="checkbox"/> Restaurant			
Other/Details: _____				
Hotel Name: _____		Hotel Phone #: _____		
Liberty Buddy 1: (Rate, Last, First, Dept/Div): _____		Signature: _____		
Liberty Buddy 2: (Rate, Last, First, Dept/Div): _____		Signature: _____		

FRIDAY, 06 MARCH 2020 SECTION 5		ALCOHOL YES / NO (Circle one)	OVERNIGHT YES / NO (Circle one)	Duty/Staying on Ship <input type="checkbox"/>
Plans:	<input type="checkbox"/> Shopping <input type="checkbox"/> Sight Seeing <input type="checkbox"/> MWR Tour <input type="checkbox"/> Night Life/Bar <input type="checkbox"/> Movie <input type="checkbox"/> Restaurant			
Other/Details: _____				
Hotel Name: _____		Hotel Phone #: _____		
Liberty Buddy 1: (Rate, Last, First, Dept/Div): _____		Signature: _____		
Liberty Buddy 2: (Rate, Last, First, Dept/Div): _____		Signature: _____		

SATURDAY, 07 MARCH 2020 SECTION 6		ALCOHOL YES / NO (Circle one)	OVERNIGHT YES / NO (Circle one)	Duty/Staying on Ship <input type="checkbox"/>
Plans:	<input type="checkbox"/> Shopping <input type="checkbox"/> Sight Seeing <input type="checkbox"/> MWR Tour <input type="checkbox"/> Night Life/Bar <input type="checkbox"/> Movie <input type="checkbox"/> Restaurant			
Other/Details: _____				
Hotel Name: _____		Hotel Phone #: _____		
Liberty Buddy 1: (Rate, Last, First, Dept/Div): _____		Signature: _____		
Liberty Buddy 2: (Rate, Last, First, Dept/Div): _____		Signature: _____		

SUNDAY, 08 MARCH 2020 SECTION 1		ALCOHOL YES / NO (Circle one)	OVERNIGHT YES / NO (Circle one)	Duty/Staying on Ship <input type="checkbox"/>
Plans:	<input type="checkbox"/> Shopping <input type="checkbox"/> Sight Seeing <input type="checkbox"/> MWR Tour <input type="checkbox"/> Night Life/Bar <input type="checkbox"/> Movie <input type="checkbox"/> Restaurant			
Other/Details: _____				
Hotel Name: _____		Hotel Phone #: _____		
Liberty Buddy 1: (Rate, Last, First, Dept/Div): _____		Signature: _____		
Liberty Buddy 2: (Rate, Last, First, Dept/Div): _____		Signature: _____		

COMMANDER CARRIER STRIKE GROUP NINE LIBERTY GUIDANCE

ALCOHOL CONSUMPTION:

- Alcohol consumption will be done in a responsible and mature manner, not to bring discredit to the Armed Services.

(INITIAL _____)

DA NANG VIETNAM OVERNIGHT LIBERTY GUIDANCE:

- Hotel/Address of liberty buddy
- Recall/cell phone number of overnight location (residence/hotel/liberty buddy)
- Provide liberty buddy name, rank and department/division
- Liberty buddies must stay at the SAME HOTEL
- Anyone separated from their Liberty Buddy will immediately return to the ship

(INITIAL _____)

CHANGES TO LIBERTY PLAN:

- You must contact in person or by phone the first Khaki in your division. If not available, the senior Khaki on duty will be authorized to make a change to your liberty plan.
- Anyone involved in an incident will immediately return to the ship.

(INITIAL _____)

I _____ will adhere to this liberty plan and I understand that any diversion from this plan is against the 7th Fleet liberty policy. If I need to make changes to this liberty plan I will update CCSG-9 Staff Duty Officer.

SVM SIGNATURE: _____

DATE: _____

LPO: _____

LCPO: _____

DIVO: _____



CCSG-9 VIETNAM LIBERTY LOG



Rate/Rank Name	Member Number	Duty Section	Passport #	Passport Expiration	Check-out	Check-in	Hotel Name	Date(s) of overnight	E-mail contact	Liberty Buddy
(b) (6)	1	N/A								
	2	N/A								
	3	5								
	9	4								
	11	1								
	12	1								
	13	N/A								
	16	N/A								
	18	2								
	20	6								
	24	3								
	27	N/A								
	28	N/A								
	30	1								
	47	5								
	48	3								
	53	5								
	56	4								
	61	3								
	63	2								
	64	2								
	66	6								
	67	4								

H-3-78



DEPARTMENT OF THE NAVY
USS THEODORE ROOSEVELT CVN 71
UNIT 100250 BOX 1
FPO AP 96632

Canc frp: Jun 2018

TRNOTE 1050
CVW17NOTE 1050
CMC
23 Aug 17

USS THEODORE ROOSEVELT (CVN 71) NOTICE 1050
CARRIER AIR WING SEVENTEEN (CVW 17) NOTICE 1050

From: Commanding Officer, USS THEODORE ROOSEVELT (CVN 71)
Commander, Carrier Air Wing SEVENTEEN (CVW 17)

Subj: LIBERTY RISK PROGRAM

Ref: (a) COMCARSTKGRUNINENOTE 1050
(b) TRINST 1050.1B

Encl: (1) Liberty Risk Nomination Form
(2) Class Liberty Risk Designation
(3) General Order 17-01 Liberty Buddy Duties and Responsibilities
(4) Liberty Risk Assignment

1. Purpose. To establish practices, procedures and policies on liberty restrictions consistent with reference (a) and delineate those in reference (b), for the purpose of minimizing the risk that Sailors will commit discreditable conduct overseas.

a. The Liberty Risk Program is administrative in nature.

b. It is not a substitute for non-judicial punishment (NJP), court-martial or pretrial restraint.

c. Administrative regulation of liberty through the Liberty Risk program is not a form of punishment and does not prevent the use of disciplinary procedures such as NJP or court-martial.

2. Scope. This notice applies to all military personnel embarked on or attached to USS THEODORE ROOSEVELT (CVN 71) while in foreign ports.

3. Background. Many foreign nationals form opinions of the U.S. based largely on their observation of U.S. military

personnel. Therefore, as guests in a foreign country, service-members must conduct themselves in a friendly, courteous and law-abiding manner. If previous behavior indicates that a Sailor or Marine is unable or unwilling to conduct himself/herself appropriately ashore, the Commanding Officer (CO) has the authority and responsibility to limit or cancel the member's liberty by placing him/her in a liberty risk status.

4. Referral for Liberty Risk Consideration. All departments, squadrons and embarked staffs will submit liberty risk nominations 30 days before deployment to the Liberty Risk Board (LRB) via the Legal Department using enclosure (1). LRB will be held prior to deployment to assess whether members pose a liberty risk and to recommend a liberty class assignment (A, B, or C). Only the least severe limitation on liberty necessary to prevent discrediting conduct ashore will be imposed. LRB will be held approximately three days prior to each subsequent port visit when new referrals will be reviewed and members previously placed on liberty risk may be considered for category upgrade or removal from liberty risk.

5. Composition of LRB. The THEODORE ROOSEVELT and Carrier Air Wing SEVENTEEN (CVW 17) Command Master Chiefs (CMDCMs) will co-chair the board. One Master Chief Petty Officer from CVN-71 and one CVW-17 squadron CMDCM will make-up the remainder of the board. Other leaders such as the Command Drug and Alcohol Program Advisor (DAPA) or Command Climate Specialist may attend as appropriate to advise the board. A representative of THEODORE ROOSEVELT's Legal Department will be present for administrative purposes.

6. LRB Considerations. The following factors will be considered in determining whether a member is referred to LRB:

a. Any alcohol-related incidents in the last 6 months or any driving under the influence (DUI) in the last 12 months.

b. NJP in the last year, specifically incidents involving alcohol, theft, belligerence to authorities or members pending administrative separation.

c. Current participation in mandatory substance abuse and/or alcohol abuse aftercare program.

d. Any prior violent incidents such as domestic violence, assaults, fighting or other episodes caused by anger control problems.

e. Disciplinary Review Board (DRB) history, trend of problems or significant negative counseling that would indicate difficulty with authority or following orders.

f. Unauthorized absence to include returning after expiration of liberty and/or missing ship's movement.

g. Any port visit misconduct in the past, to include:

(1) Disrespect to local cultures, customs and traditions.

(2) Failure to obey shore patrol, security or beach guard.

(3) Conduct embarrassing to the United States.

(4) Uniform or civilian attire violations.

h. Failure to pay personal debts.

i. Other incidents which involve military or civilian authorities or local civilians which may bring discredit upon the armed forces or the United States.

7. Classes of Liberty Risk and LRB Procedures. The board will review all nominations with the goal of ensuring that a uniform standard of liberty risk category assignment is made across all participating commands and will provide clear commentary on any disparities in recommendations.

a. Class "A" Liberty Risk. Personnel who have demonstrated behavior indicating an elevated likelihood of improper conduct while on liberty. Personnel may not have any liberty escorts who are also on liberty risk. At least one escort must be an E-5 or above, but in no case junior to the person. Class "A" liberty risk personnel are prohibited from purchasing, consuming or possessing any alcoholic beverages. Furthermore, they may not be present in any establishment which provides alcohol as its primary business (e.g., bars, clubs, etc.).

Their liberty will expire onboard at 2100 or one hour prior to the normal liberty expiration time for E-3 and below, whichever is earlier.

b. Class "B" Liberty Risk. Personnel who have demonstrated behavior indicating a significant likelihood of improper conduct themselves while on liberty. Personnel may not have any liberty escort who are also on liberty risk. At least one escort must be an E-6 or above, but in no case junior to the person. Class "B" liberty risk personnel are prohibited from purchasing, consuming or possessing any alcoholic beverages. Furthermore, they may not be present in any establishment which provides alcohol as its primary business (e.g., bars, clubs, etc.). Their liberty will expire onboard at 1800 or two hours prior to the normal liberty expiration time for E-3 and below, whichever is earlier.

c. Class "C" Liberty Risk. Individuals who have demonstrated an inability to conduct themselves appropriately while ashore and have a high likelihood of a liberty incident. Personnel assigned to this category will not have liberty ashore.

d. Personnel being processed for administrative separation due to misconduct will automatically be assigned as Class "C" and will remain in Class "C" status until discharged.

e. After the board completes its recommendations, it will forward them, along with its comments, to the CO and Commander, Carrier Air Wing (CAG) as applicable for approval via enclosures (1) and (2). The Legal Department shall then promulgate enclosure (4) of approved liberty risk personnel to THEODORE ROOSEVELT/CVW-17 Administrative Department, Security and the Senior Shore Patrol Officer.

8. Authority to Assign Liberty Risk. Only the ship and squadron CO's have the authority to formally assign liberty risk status to assigned personnel. However, in the event that a member commits misconduct during a foreign port visit, the member will be returned to the ship in the custody of a Beach Guard member or the senior person in the liberty boat/bus.

Authorization to temporarily curtail the liberty of that member until a formal liberty risk determination can be made is delegated to:

- a. THEODORE ROOSEVELT Executive Officer (XO).
- b. Deputy Commander, Carrier Air Wing SEVENTEEN (DCAG).
- c. Squadrons CO's.
- d. Command Duty Officer (CDO).
- e. Air Wing Duty Officer (AWDO).
- f. Senior Shore Patrol Officer.

g. The member will not be permitted to re-commence liberty ashore until a proper liberty risk determination is made at the next LRB or authorized by the CO or CAG. Ordinarily, a LRB will not be held until the ship is underway.

9. Administration of Liberty Risk Personnel

a. THEODORE ROOSEVELT's Legal Department shall maintain a running list of those personnel assigned to liberty risk categories. Copies of the liberty risk list shall be distributed to the CO, XO, Head of Departments (HODs), CVW-17 Administrative Department, embarked squadrons and Chief Master-at-Arms and will be included in the CDO's turnover.

b. Personnel designated as liberty risks will be notified by THEODORE ROOSEVELT's Legal Department to execute enclosure (2), Liberty Risk Designation.

10. Mustering Liberty Risk Personnel

a. Class "A" liberty risk personnel will sign-out with their Departmental Duty Officer (DDO) or Squadron Duty Officer (SDO) prior to commencing liberty. Class "A" liberty risk personnel will muster daily in-port with their DDO or SDO at 2100.

b. Class "B" liberty risk personnel will sign-out with their DDO or SDO prior to commencing liberty.

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Class "B" liberty risk personnel will muster daily in-port with their DDO or SDO at 1800.

c. After checking out with their respective department/command, Class "A" and "B" liberty risk personnel will then report to Security Dispatch with their liberty escorts to sign out on the liberty log. Immediately upon completion of liberty, they are required to report back to Security Dispatch to sign in on the liberty log and be subject to a breathalyzer before reporting to their department/command.

d. Class "C" liberty risk personnel will muster daily in port with their DDO/SDO at 0700, 2100 and at one other time as randomly determined by the DDO/SDO.

e. Any violation of liberty risk orders shall be reported in writing to the THEODORE ROOSEVELT's Legal Department.

11. Escort Duties. For members placed in Class "A" or "B" liberty risk status, DDOs and SDOs will verify the escort's acknowledgement of their duties using enclosure (2) and enclosure (3). The escort must remain with the Class "A" or "B" liberty risk member at all times. After the escort returns the liberty risk member to the ship, the escort can return to regular liberty provided they still have the requisite number of liberty buddies. Changing escorts while on liberty is not permitted. Both the escort and the liberty risk member are prohibited from consuming alcohol. Assignment as a liberty risk escort is purely voluntary. Liberty buddies will not be required on supervised Community Relations (COMREL) projects or command sponsored functions, where members depart and return to the ship as a group. MWR tours and trips have the same liberty buddy requirements.

12. Review of Liberty Risk Status

a. Each person placed on liberty risk will be promptly notified of the fact and the basis for the status. The individual may be afforded an opportunity to discuss the reasons

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for this assignment with the CO or CAG, via the chain of command.

b. Liberty risk status should be reviewed prior to each overseas port visit. An individual may be moved to a more lenient classification or be removed from the program at any time by the CO. Reconsideration shall be reserved for only the most extraordinary cases.

c. Personnel who have maintained the same class of liberty risk for two consecutive in-port periods following the one for which they were originally placed on liberty risk, shall be moved to the next more lenient classification or restored to general liberty privileges, unless there is convincing evidence that the service member will commit further misconduct if his or her liberty privileges are upgraded or restored.

(b) (6)

Commander

(b) (6)

(b) (6)
Command Officer

Distribution:
Sharepoint

LIBERTY RISK NOMINATION FORM	
NOMINEE NAME:	RANK/RATE:
DEPT/SQDN:	
DATE:	
LIBERTY RISK RECOMMENDATION	
(NORMAL LIBERTY) _____ (A) _____ (B) _____ (C) _____	
REASON FOR NOMINATION:	
<p>The purpose of the liberty risk program is to protect the foreign relations between the United States and the host nation. Any conduct forming the basis for a liberty risk designation <u>must</u> have a reasonable nexus to this purpose.</p>	
DATE:	
LIBERTY RISK BOARD RECOMMENDATION	
(NORMAL LIBERTY) _____ (A) _____ (B) _____ (C) _____	
COMMENTS:	
_____ CHAIRMAN, LIBERTY RISK BOARD	
DATE:	
COMMANDING OFFICER'S DETERMINATION	
(NORMAL LIBERTY) _____ (A) _____ (B) _____ (C) _____	
_____ COMMANDING OFFICER (OR DESIGNEE)	

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CVW17NOTE 1050
23 Aug 17

CLASS LIBERTY RISK DESIGNATION

From: COS/Ship/Squadron CO/CAG
To: Rate, Full Name, USN

Subj: CLASS "A" LIBERTY RISK DESIGNATION

1. After careful review by the Liberty Risk Board, it has been determined that your past conduct warrants your designation as a **CLASS "A" LIBERTY RISK** during the next foreign port visit.
2. You are prohibited from purchasing, consuming or possessing any alcoholic beverage for the duration of your liberty risk designation. Furthermore, you may not be present in any establishment which provides alcohol as its primary business (e.g., bars, clubs, etc.).
3. You must adhere to the liberty escort system. One of your liberty buddies must be a command approved E5 and above (**but in no case junior to you**). You are required to sign in and out of the Liberty Log located in Security Dispatch. Your liberty expires at 2100 or one hour prior to the normal liberty expiration time for E-3 and below, whichever is earlier. You are additionally required to muster daily at 2100 with your DDO or SDO.
4. This designation will remain in effect until you are informed otherwise. Your designation will be reviewed by the Liberty Risk Review Board prior to the next port visit. Failure to comply with the above order may subject you to disciplinary or administrative actions.

COS/SQUADRON/SHIP CO/CAG

I understand that I am in a liberty risk status and that I must abide by the rules set forth in the designation letter. I also understand that failure to comply could result in adverse administrative and/or disciplinary action.

Member's Signature/Date

I understand that by signing as the liberty escort for the above listed Sailor that I will perform the liberty escort duties as described in TR/CVW17NOTE 1050 paragraph (11). I also understand that failure to comply could result in adverse administrative and/or disciplinary action.

Liberty Escort Printed Rate/Name

Signature/Date

Enclosure (2)

TRNOTE 1050
CVW17NOTE 1050
23 Aug 17

From: COS/Ship/Squadron CO/CAG
To: Rate, Full Name, USN

Subj: CLASS "B" LIBERTY RISK DESIGNATION

1. After careful review by the Liberty Risk Board, it has been determined that your past conduct warrants your designation as a **CLASS "B" LIBERTY RISK** during the next foreign port visit.
2. You are prohibited from purchasing, consuming or possessing any alcoholic beverage for the duration of your liberty risk designation. Furthermore, you may not be present in any establishment which provides alcohol as its primary business (e.g., bars, clubs, etc.) for the duration of your liberty risk designation.
3. One of your liberty buddies must be a command approved E6 or above (**but in no case junior to you**). You are required to sign in and out of the Liberty Log located in Security Dispatch. Your liberty expires at 1800 or two hours prior to the normal liberty expiration time for E-3 and below, whichever is earlier. You are additionally required to muster daily at 1800 with your DDO or SDO.
4. This designation will remain in effect until you are informed otherwise. Your designation will be reviewed by the Liberty Risk Review Board prior to the next port visit. Failure to comply with the above order may subject you to disciplinary or administrative actions.

COS/SQUADRON/SHIP CO/CAG

I understand that I am in a liberty risk status and that I must abide by the rules set forth in the designation letter. I also understand that failure to comply could result in adverse administrative and/or disciplinary action.

Member's Signature/Date

I understand that by signing as the liberty escort for the above listed Sailor that I will perform the liberty escort duties as described in TR/CVW17NOTE 1050 paragraph (11). I also understand that failure to comply could result in adverse administrative and/or disciplinary action.

Liberty Escort Printed Rate/Name

Signature/Date

TRNOTE 1050
CVW17NOTE 1050
23 Aug 17

From: COS/Ship/Squadron CO/CAG
To: Rate, Full Name, USN

Subj: CLASS "C" LIBERTY RISK DESIGNATION

1. After careful review by the Liberty Risk Board, it has been determined that your past conduct warrants your designation as a **CLASS "C" LIBERTY RISK** during the next foreign port visit.

2. You are not authorized liberty ashore. While inport you will muster daily with the DDO/SDO at 0700 and 2100 in the uniform of the day.

3. This designation will remain in effect until you are informed otherwise. Your designation will be reviewed by the Liberty Risk Review Board prior to the next port visit. Failure to comply with the above order may subject you to disciplinary or administrative actions.

COS/SQUADRON/SHIP CO/CAG

I understand that I am in a liberty risk status and that I must muster as indicated above. I also understand that failure to comply could result in adverse administrative and/or disciplinary action.

Member's Signature/Date

GENERAL ORDER 17-01: LIBERTY BUDDY DUTIES AND RESPONSIBILITIES

1. Purpose. To establish duties and responsibilities of liberty buddies for TRSG deployment.

2. Authority. Uniform Code of Military Justice; U.S. Navy Regulations, 1990, Chapter 7.

3. Background

a. The "buddy system" is in effect at all times during port visits. It promotes safety, good behavior, and is an important force protection risk management tool. The buddy system mandates that all TRSG Sailors identify individuals with whom they will spend their time off the ship on liberty. At a minimum, the buddy system requires liberty buddies to sign out/sign in together and remain with each other while they are on liberty. This order promulgates the mutual duty for liberty buddies to ensure each other's safety, welfare, and appropriate behavior.

b. The buddy system is also a crucial enabler to the Navy's mission to conduct successful foreign port visits. Foreign port visits not only promote strong morale and readiness of our military forces, but they also foster goodwill and positive relations with host nations - setting the foundation for cooperative relationships with foreign communities and governments. Buddy system misconduct by Service members overseas undermines those efforts and jeopardizes foreign relations.

4. Action. TRSG personnel have the duty and obligation to ensure the safety, welfare, and appropriate behavior of their liberty buddies.

a. TRSG personnel have a duty to take all appropriate and reasonable measures, as defined below, to ensure the safety, welfare, and appropriate behavior of all liberty buddies. In the event liberty buddies begin to behave inappropriately, TRSG Sailors are required to take positive action to ensure that the inappropriate conduct ceases. TRSG Sailors shall not use physical force against liberty buddies at any time.

b. If physical restraint is required, TRSG Sailors should seek assistance from on-duty master-at-arms, shore patrol, or local or host nation law enforcement officials. Although it is impossible to list each example of when and how one must take action to prevent inappropriate behavior by liberty buddies, TRSG Sailors must take reasonable measures to prevent excessive

consumption of alcohol, altercations with civilians in U.S. territories and host nations, and violations of local laws or the Uniform Code of Military Justice (UCMJ).

c. What constitutes "reasonable measures" will depend on the specific circumstances. Reasonable measures include but are not limited to:

(1) Monitoring and, if necessary, limiting the alcohol consumption of a liberty buddy.

(2) At the first indication of inappropriate behavior, verbally counseling the offending liberty buddy to behave appropriately.

(3) Returning to the ship with the liberty buddy if they become or are becoming intoxicated.

(4) If a TRSG Sailor is unable to persuade the offending liberty buddy to behave appropriately, seek assistance from another Sailor, shore patrol, or law enforcement. TRSG personnel should never be required to use physical force to control a liberty buddy.

(5) Under no circumstances are TRSG personnel permitted to become separated from designated liberty buddies while ashore. If a TRSG Sailor becomes separated from their liberty buddy for any reason, or if a TRSG Sailor is abandoned, they must notify shore patrol and their chain of command as soon as possible and return to the ship.

d. TRSG personnel have the duty and obligation to adhere to all liberty policies.

(1) Failure to exercise reasonable care and take positive action as described above to ensure the safety, welfare, and appropriate conduct of a liberty buddy is a violation of this order.

(2) Under the authority of the UCMJ and U.S. Navy Regulations, 1990, Chapter 7, this order is punitive in nature. Violations of this order may result in punitive and/or administrative action.

ADMINISTRATIVE REMARKS
NAVPERS 1070/613 (REV. 08-2012)

SHIP OR STATION

Ref: (a) COMCARSTRKGRUNINE NOTICE 1050 (Overseas Liberty Policy for FIFTH/SEVENTH Fleet)
 (b) USS THEODORE ROOSEVELT(CVN 71)/CARRIER WING SEVENTEEN NOTICE 1050 (Liberty Risk Program)

I have been briefed and understand that I have a positive duty to take all reasonable measures to prevent inappropriate behavior by my liberty buddies, to include: the excessive consumption of alcohol, altercations with local citizens, and violations of local laws or the Uniform Code of Military Justice. I am not, however, required to use physical force against my liberty buddies at any time. If physical restraint is required, I will seek assistance from the Ship's Liaison Group, Shore Patrol, Beach Guard, security, or Law Enforcement officials. What constitutes reasonable measures will depend on the specific circumstances, and includes but is not limited to:

(1) Monitoring and, if necessary, limiting the alcohol consumption of my liberty buddies.

(2) Returning to the ship with my liberty buddies if they have had too much to drink.

(3) At the first indication of inappropriate behavior, verbally counseling the offending liberty buddy to behave appropriately.

(4) If I am unable to persuade my offending liberty buddy to behave appropriately, I will seek assistance from another Sailor, Ship's Liaison Group, Shore Patrol, or law enforcement.

(5) Staying with my buddy at all times. If my liberty buddies abandon me, or if we become separated for any reason, I will notify the Ship's Liaison Group, Shore Patrol, and my Chain of Command as soon as possible.

(6) Making a plan. I will plan what I want to do with my liberty buddies, plan how we will get back to the ship, and stick with the plan. I acknowledge that failing to plan is planning to fail.

I understand that when I go ashore in a foreign country, I am a representative of our Navy and Nation. TRSG's successful visits to these ports play an important part in building cooperative relationships with foreign communities/governments and are a key element of our national security.

I understand that misconduct by service members in foreign ports undermines these efforts, undermines our fighting strength, and jeopardizes foreign relations. At the same time, we must protect each other from the very real threat of terrorism and local criminal elements while on liberty overseas.

I have been briefed and understand that when interacting with civilians, local nationals, expatriates, or third country nationals, I must remember OPSEC. I will not discuss any details of TRSG movements, mission, capabilities, numbers of personnel, ships or aircraft, future operations or port calls.

I have been briefed and understand the applicable liberty policies for the FIFTH and SEVENTH Fleet Area of Operations, including the dress code, prohibited activities, and off-limits locations.

 Member's Signature

I hereby acknowledge the above NAVPERS 1070/613 entry and understand that failure to obey this lawful general order could subject me to administrative and/or disciplinary actions as a violation of Article 92, Uniform Code of Military Justice.

 Member's Signature/Date

 Witness Signature/Date

NAME (Last, First, Middle)

SSN

BRANCH AND CLASS

Enclosure (3)

TRNOTE 1050
CVW17NOTE 1050
23 Aug 17

LIBERTY RISK ASSIGNMENT

CLASS ALPHA

Rank	Name	Department	Current Category	Previous Category	Date	Justification

CLASS BRAVO

Rank	Name	Department	Current Category	Previous Category	Date	Justification

CLASS CHARLIE

Rank	Name	Department	Current Category	Previous Category	Date	Justification

H-3-78



DEPARTMENT OF THE NAVY
USS THEODORE ROOSEVELT (CVN 71)
UNIT 100250 BOX 1
FPO AP 96632

5500
3 Mar 20

MEMORANDUM

From: Commanding Officer, USS THEODORE ROOSEVELT (CVN 71)
To: Officer of the Deck, In-Port

Subj: LIBERTY RISK FOR DA NANG, VIETNAM – MARCH 2020

Ref: (a) TRNOTE 1050 dtd 12 Feb 2020

Encl: (1) List of No Alcohol, Liberty Risk, and Restricted Personnel

1. The individuals listed in enclosure (1) are on Alpha, Bravo, or Charlie Liberty Risk, have been issued No Alcohol Letters (NAL), or are on restriction,

2. Per reference (a), none of the personnel listed in enclosure (1) are permitted to purchase, consume, or possess alcohol while in port. Other restrictions are as follows:

a. Restricted Personnel: Restricted personnel are not authorized to leave the ship.

b. Class Charlie: Personnel on Class Charlie are not permitted to go on liberty. They are only authorized to transit to and from Fleet Landing in their dress white uniform. They must be escorted by an E-6 or above, who in no case may be junior to them. Class Charlie personnel must be back onboard the ship no later than 1600.

c. Class Bravo: Personnel on Class Bravo are permitted to go on liberty. They must be escorted by an E-6 or above, who in no case may be junior to them. Class Bravo personnel must be back onboard the ship no later than 1800.

d. Class Alpha: Personnel on Class Alpha Bravo are permitted to go on liberty. They must be escorted by an E-5 or above, who in no case may be junior to them. Class Alpha personnel must be back onboard the ship no later than 2100.

e. No Alcohol Letter: Personnel who have been issued a NAL may go on liberty free of any additional restrictions, but are not permitted to purchase, consume, or possess alcohol while in port.

3. Any questions pertaining to this issue should be referred to the Command Judge Advocate, LCDR (b) (6) JAGC, USN at (b) (6) @cvn71.navy.mil or (b) (6)

(b) (6)

(b) (6)

B. E. CROZIER

(b) (6)

**Witness Statement of USS THEODORE ROOSEVELT (CVN 71)
Reactor Officer**

On 11 May 2020 I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via telephone.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: CAPT (b) (6) Position: Reactor Officer

Command: USS THEODORE ROOSEVELT Department/Division: Reactor

Email Address: (b) (6)@cvn71.navy.mil Phone(s) (b) (6)

Prior to our pulling into Da Nang we were in normal operations because we did not have a positive case onboard. We had lots of discussions at HOD meetings about how to operate in a COVID environment. There was a scheduled reception on the ship, but the was talk of cancelling it because of worries about the virus and the logistics of properly screening people. Once we pulled into Da Nang we began actively screening people using a questionnaire. Because of the COVID testing protocols all Sailors were told to provide extra time on the pier to get back on the ship.

After we left Da Nang, there were some changes onboard following the report that 39 Sailors that may have been exposed because they were staying in a hotel where there may have been some COVID exposure. One measure was that those potentially infected people were moved to different berthing. It was very chaotic. There was a lot of training and talks to the crew about reporting symptoms and washing your hands, not to touch your face. We did not have face masks yet. We were already bleaching the ship twice a day as a result of a bad case of "double dragon" prior to the Da Nang port visit and continued doing so as a precaution. There was talk about social distancing and spreading out but it was mostly written off because with the berthing filled to 90% capacity, not much we could done.

After we had the positive cases of COVID-19 onboard there was a hard push for social distancing. One of the things they started to do was put tape down in the chow line, but I would still see Sailors together, khakis would walk around and tell them to stay 6ft apart but as soon as they would leave the Sailors would start grouping together again.

There was a lot of talk about COVID prevention since February. SMO was really pushing it at meetings and in emails; XO would be on the IMC daily telling people to wash their hands, don't touch their face, it was discussed frequently at the HoD meetings.

Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Reactor Officer

After the 24th of March when we had our first positive case, things got chaotic: we were going through what seemed like hundreds of COAs, like go to Yokosuka even though we could not go there because the only pier we could go to was already occupied by a CVN there (REAGAN). Again I admit things are a little fuzzy in my memory about that time, because we were going through RFIs 24/7. We would start one COA, then work through the info just to have to start another one, the time from 24 to 27 March are a blur since I didn't get a lot of sleep. We knew we needed to get people off the ship, but even after we arrived in Guam there were still requests for COA development. I would say it was about triple of the COAs I am usually asked for, the flippancy of it all was frustrating.

Luckily the climate among the HoDs was the best I have ever seen. I have been aboard for two years, I have seen three sets of HoDs in some cases and this group got along the best. The XO was the hammer and we supported him. Regarding CSG-9, until I forced ourselves into the "Bubba's" meeting I was clueless on a lot of the CSG planning (and a lot of things didn't make sense or were very last minute) – once I did, we worked well with the Strike Group staff. Either I or the Assistant Reactor Officer sat in on the "Bubbass" meeting to evaluate the impact on my ability to run drills and maintenance or what required speed was needed to transit for future tasking.

Both reactors were up without any issues as we went into Guam.

I have a very good relationship with Naval Reactors, an open relationship. They had some RFIs about watch station mitigations. We talked about pulling people from other ships if we needed to, we were very protective of a core team of senior watch supervisors in the event we needed them to lead others in the specific of our plants. We provided a list of everyone we would need to get the ship underway, the questions was where to send the 230 people? They ended up going to the gym on base. I got very concerned because the Reactor personnel at the gym were getting one or two positive cases a day for COVID. They were sleeping on cots that were barely 6 feet apart, people were not able to social distance any better than they could on the ship. If the rate of infection continued, I knew that we would not be able to re-man the department in a timely manner. This was 30 March, the day of the letter. I was concerned and went to the CO and said we may need to send a special letter to the Admiral, CAPT Crozier asked me to speak to the TYCOM N9. (A CO writes a periodic letter to the Admiral to relay any concerns, normally every 3 months, but if there is something pressing, a "special" letter may be written.) N9 told me a letter will go through his staff and the Admiral may not read it for a week and that an email is better and faster. I then read the letter that the CO, XO and ship's secretary were drafting (the letter that was later released). I drafted a ghost email for the CO on SIPR, and I have forwarded this Email to the VCNO inspection team. The CO sent the email to the TYCOM N9 later that day.

In closing I want to stress that March 24th to the 27th were a blur to me; I got little sleep, there

Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Reactor Officer

were so many RFIs and COAs being discussed that required input and there was a feeling that people were not receptive to any of the information that we were providing.

I swear (or affirm) that the information in the statement above is true and accurate to the best of my knowledge, information, and belief.

(b) (6)

(Witness Signature)

18 MAY

(Date)

2040

Time

From: (b) (6) LCDR USN, USS THEODORE ROOSEVELT
To: Crozier, Brett E CAPT USN, USS Theodore Roosevelt
Cc: (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CMC USN, USS Theodore Roosevelt
Subject: RE: TRSG RTQ
Date: Tuesday, March 24, 2020 3:32:16 AM
Attachments: [200324 TRSG Positive COVID 1MC Remarks.docx](#)
[200324 Letter to the Family ICO Capt. - C19 \(2\).docx](#)

Captain,

Attached are updated talking points for the 1MC this evening. I added additional Public Affairs concerns to the remarks.

Also attached is a letter to the families that I'm going to vet through C7F and CPF public affairs to ensure we can send to our team of strike group ombudsman tonight before we go out of rivercity.

Very respectfully,

LCDR (b) (6)
Public Affairs Officer
Carrier Strike Group NINE
USS Theodore Roosevelt (CVN 71)
Office: (b) (6)
Cell: (b) (6)
(b) (6) @cvn71 navy.(smil) mil

O: (b) (6)
JDial: (b) (6)
Hydra: (b) (6)

-----Original Message-----

From: (b) (6) LCDR USN, USS THEODORE ROOSEVELT
Sent: Tuesday, March 24, 2020 2:49 PM
To: Crozier, Brett E CAPT USN, USS Theodore Roosevelt
Cc: (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CMC USN, USS Theodore Roosevelt
Subject: RE: TRSG RTQ

Captain,

Attached is the CCSG-9 approved RTQ (with C7F and CPF for final approval). Additionally attached are draft 1MC remarks for this evening. Working on the draft letter for the families.

Very respectfully,

LCDR (b) (6)
Public Affairs Officer
Carrier Strike Group NINE
USS Theodore Roosevelt (CVN 71)
Office: (b) (6)
Cell: (b) (6)
(b) (6) @cvn71 navy.(smil) mil

O: (b) (6)
JDial: (b) (6)
Hydra: (b) (6)

-----Original Message-----

From: (b) (6) LCDR USN, USS THEODORE ROOSEVELT
Sent: Tuesday, March 24, 2020 10:40 AM
To: Crozier, Brett E CAPT USN, USS Theodore Roosevelt
Cc: (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CMC
USN, USS Theodore Roosevelt
Subject: TRSG RTQ

Captain,

I still need SMO's chop but wanted you to see what I've drafted so far for C7F and PACFLT based on guidance put out previously from CHINFO. PACFLT will have lead for external communication. Once this is finalized, I'll work on a briefing card specifically for communication with our families/ombudsmen.

Also working 1MC remarks as well.

Very respectfully,

LCDR (b) (6)
Public Affairs Officer
Carrier Strike Group NINE
USS Theodore Roosevelt (CVN 71)
Office: (b) (6)
Cell: (b) (6)
(b) (6) @cvn71 navy.(smil) mil

O: (b) (6)
JDial: (b) (6)
Hydra: (b) (6)

Good Evening Rough Riders,

Fantastic job by our bridge watch standers that supported our third PHOTOEX with the America ARG and 7th Fleet Flag ship, USS Blue Ridge, along with the bridge team and air, deck and supply departments that supported the RAS this afternoon. Two major evolutions in one day is no easy task and you all knocked it out of the park!

On a more serious note, I want to take a few minutes to address some events that occurred over the last 24 hours. I'm sure many of you have walked by Medical today and wondered why they are closed.

Yesterday evening, two Sailors did the right thing and went to medical stating they were experiencing flu-like symptoms.

The two Sailors were tested by our embarked Naval Medical Research Center team that joined us after Vietnam, and this morning the results of the tests indicated positive for coronavirus or what is officially known as, COVID-19.

Both Sailors have been placed in isolation and we are coordinating flying those Sailors off ship as soon as we are within COD range to Guam, which could be as soon as tomorrow.

As always my number one concern is the health and safety of every Rough Rider and Sailor onboard and I want to reassure you that we are taking all the precautions available to a large city afloat in attempts to mitigate the spread of the virus onboard.

- As I mentioned before we have a medical team embarked with us to help with testing of possible COVID-19 cases.
- We have antiseptic wipes and hand sanitizer throughout the ship, especially in workspaces, mess decks, common areas and tool issue.
- We have secured self-serve on the mess decks, CPO Mess and Wardrooms.
- We are limiting dental services onboard.
- And starting this evening we are going to increase how often we are wiping down surfaces with bleach. We will continue with XO's bleachapalooza every morning but now in the evening during sweepers we are going to repeat the process.

Myself and leadership onboard will continue to do everything in our power to ensure the health and safety of everyone onboard

continues to be the top priority as we re-evaluate future operations for the ship.

In return I ask for your support in going to sick call in the morning should you have respiratory symptoms which include fever, chills, cough, sore throat or shortness of breath.

And I need your support for bleachapalooza and washing your hands throughout the day.

Lastly, I ask that you remember that you represent our ship and the Navy. We need to be respectful of our shipmates in isolation so be mindful of the information you send off ship.

While leadership supports you keeping in touch with family and love ones, we ask that you and your family do not engage with the media. As many of you are already aware, those back at home are already dealing with heightened tensions and anxiety due to ongoing media coverage of the COVID-19 pandemic, we do not need to add it. We also do not need our adversaries knowing either.

However, if you or your family is contacted by media, please refer them to our Public Affairs Officer onboard.

As always... keep an eye on your shipmates, your head on a swivel and be ready for the fight tonight.

Captain out.

To our family and friends,

Hello again from aboard 'America's Big Stick', the mighty TR. As you can imagine in the dynamic world within which we all live, your Sailors commitment to ensure the safety and security of our Nation is on display to the world. Even with difficulties at home, knowing we have your support and you have ours, provides the foundation for our continued success at sea, and is the framework for our homecoming once our mission is complete.

We just wrapped up our third evolution of expeditionary strike operations with the America Expeditionary Strike Group and our Sailors continue to go above and beyond with any tasking we are given from Fleet commanders. I am proud to serve alongside your loved ones across the Strike Group. Each day, they conduct themselves as the professional Sailors they are; focused, committed and determined to see the mission through to the end. Thank you for being the support they need at home in order for them to perform at their peak out here.

As the Captain, it's important for me to maintain an open dialogue with the families and the friends of the Sailors I have been entrusted to lead and I wanted you to hear from me an update to the last letter I sent when we left Vietnam. Yesterday evening, two Sailors did the right and brave thing, reporting to medical stating they were experiencing flu-like symptoms.

The two Sailors were tested by our embarked Naval Medical Research Center team that joined us after Vietnam, and this morning the results of the tests indicated positive results for coronavirus (COVID-19).

Both Sailors have been placed in isolation in accordance with the Center for Disease Control and we are coordinating flying those Sailors off ship as soon as we are logistically able to, which could be as soon as tomorrow.

Your Sailors remain our number one priority and we are doing everything we can to ensure they remain healthy so we can continue to accomplish our mission out here in the Western Pacific and return them to you again safely. We are continuing aggressive precautions to mitigate the spread of COVID-19. Our world-class medical department is working around the clock, screening any Sailor that reports feeling ill, as well as sanitizing the ship on a regular basis.

Since the ship's last port visit in Vietnam, we have been following an aggressive mitigation strategy to minimize spread of coronavirus and protect the health of our force. The mitigation efforts included the following:

- The ship's medical team onboard monitored Sailors with respiratory symptoms and those Sailors who transferred to the ship following the port visit daily for 11 days.
- Verbal screening of all Sailors. Each department onboard asked all Sailors if they were experiencing any flu-like symptoms.
- Ship personnel conduct deep cleaning of ship with bleach on a daily basis.
- Antiseptic wipes and hand sanitizer were placed throughout the ship, particularly in workspaces near computers, mess decks, common areas, and tool issue.

- The ship secured self-serve on the mess decks, CPO Mess, and Wardroom.
- A medical augment team from Biological Defense Research Directorate from Fort Detrick, MD embarked the ship following the port visit. This team has the ability to test Sailors onboard who present influenza-like illness symptoms. This capability provides early-warning surveillance for the medical teams to be able to identify if a COVID-19 case is onboard a ship – as they did in our two current cases onboard.

Immediately following the positive results from the two Sailors onboard, we additionally implemented:

- Limited services offered by the onboard dental department.
- Testing has been conducted for all the Sailors who were in close contact with the two infected Sailors and half of the tests will be sent over to the USS America to load share and increase throughput.
- Continued verbal screenings of all Sailors. Each department onboard will ask all Sailors if they are experiencing any flu-like symptoms.
- An additional Preventive Medicine Officer and Preventive Medical Tech will be joining us from USS America. They will be able to assist the current Preventive Medical team onboard in contact tracing, quarantine, etc.

Please remember that you are an integral part of our Navy Team. You represent our ship, your Sailor and our Navy. There can be a lot of inaccurate information out there so, if you are contacted by external media, please refer them to our public affairs team onboard at (b) @cvn71.navy.mil .

Sailors are our top priority and we will do everything we can to keep them safe. Each day your Sailors provide our Navy Team something to be proud of, and in the most challenging times that does not change! I remain in awe and count it a privilege to serve with, beside and to lead such a distinguished group of military leaders.

Very Respectfully,

Capt. Brett Crozier

(b) (6)

LCDR USN NAVCIVLAWSUPPACT DC (USA)

From: (b) (6) CDR USN, C7F <(b) (6)@lcc19.navy.mil>
Sent: Thursday, March 26, 2020 2:20 PM
To: (b) (6) LCDR USN, USS THEODORE ROOSEVELT
Subject: FW: Proposed statement
Attachments: 200325-TRSG-Postive-COVID-RTQ (TR Update).docx

Importance: High

Follow Up Flag: Follow up

Flag Status: Flagged

(b) (6),

You were on this, sorry for the wake-up.

CPF is looking for details on your mitigation strategy, from your PAG:

Surveillance testing of three Sailors conducted on March 24 was indicative of Coronavirus Disease 2019 (COVID-19). The individuals were isolated in accordance with the Center for Disease Control and Prevention Guidelines until the Sailors could be flown off the ship.

Shipboard health professionals conducted a thorough contact investigation to determine whether any other Sailors may have been in close contact and possibly exposed. Those Sailors have been placed in quarantine berthing for further evaluation.

Since the ship's port visit, the ship has been following an aggressive mitigation strategy to minimize spread of respiratory viruses and protect the health of our force. The mitigation efforts included the following:

- . The ship's medical team onboard monitored Sailors with respiratory symptoms and those Sailors who transferred to the ship following the port visit daily.

- . Ship personnel conduct deep cleaning of ship with HTH (bleach) on a twice daily basis.

- . Antiseptic wipes and hand sanitizer are located throughout the ship, particularly in workspaces near computers, mess decks, common areas, and tool issue.

- . The ship secured self-serve on the mess decks, CPO Mess, and Wardroom.

Also, please look at below and let me know if this is accurate, and what else you can say about testing, quarantine and isolation. If you have details on where isolation will take place please let me know. Call me when you get this. Sorry!

V/R,
(b) (6)

CDR (b) (6), APR+M
Public Affairs Officer
U.S. Seventh Fleet
(b) (6) (o)
(b) (6) (o)
(b) (6) (m)
DSN (b) (6)
J-DIAL: (b) (6)

At-Sea:

DSN: (b) (6)
COM: (b) (6)
INT: (b) (6)

-----Original Message-----

From: (b) (6) CAPT USN COMPACFLT (USA) [mailto:(b) (6)@navy.mil]
Sent: Friday, March 27, 2020 2:26 AM
To: (b) (6) CDR USN, C7F <(b) (6)@lcc19.navy.mil>; (b) (6)
(b) (6) LT USN, C7F <(b) (6)@lcc19.navy.mil>; (b) (6) LT
USN, C7F <(b) (6)@lcc19.navy.mil>
Cc: (b) (6) CDR USN COMPACFLT (USA) <(b) (6)@navy.mil>;
(b) (6) LCDR USN, USS THEODORE ROOSEVELT'
<(b) (6)@cvn71.navy.mil>
Subject: RE: Proposed statement

Reann, Call me immediately. RDML wants me to work directly with the ship for a tasking to CPF, so I am bringing you in first. This train is moving fast.

(b) (6)

From: Brown, Charles W RDML USN (USA) <(b) (6)@navy.mil>
Sent: Thursday, March 26, 2020 7:14 AM
To: Gilday, Michael M ADM USN CNO (USA) <(b) (6)@navy.mil>; Burke, Robert P ADM USN VCNO (USA) <(b) (6)@navy.mil>; Aquilino, John C ADM USN COMPACFLT PEARL HI (USA) <(b) (6)@navy.mil>; Sawyer, Phillip G VADM USN (USA) <(b) (6)@navy.mil>; Gillingham, Bruce L RADM USN CNO (USA) <(b) (6)@mail.mil>
Cc: Dunn, Paula D RDML CHINFO, OI-00 <(b) (6)@navy.mil>; (b) (6)
(b) (6) CDR USN CNO (USA) <(b) (6)@navy.mil>; (b) (6)
CAPT USN COMPACFLT (USA) <(b) (6)@navy.mil>
Subject: Proposed statement

CNO, VCNO, ADM Aquilino, VADM Sawyer and SG,

We have drafted a statement below re: TR. We will socialize with OSD-PA, and pending your concurrence issue this statement, attributable to CNO.

V/r,

Charlie,

"As testing continues, additional positive cases of COVID-19 have been discovered aboard USS Theodore Roosevelt. We are taking this threat very seriously and are working quickly to identify and isolate positive cases while preventing further spread of the virus aboard the ship. No Sailors have been hospitalized or are seriously ill.

"We are prioritizing testing for the crew, beginning with symptomatic Sailors and essential watchstanders, as well as those in close contact with Sailors who have tested positive already. Testing will continue as necessary to ensure the health of the entire ship's crew.

"There are two preventative medicine units aboard Theodore Roosevelt that are conducting surveillance testing for small groups of Sailors and individual tests. Those who test positive will immediately be transported off the ship. In addition to identifying and isolating any positive cases, the crew is quarantining those who have been in close contact and deep-cleaning the ship's spaces.

"USS Theodore Roosevelt is in Guam on a previously-scheduled port visit. The resources at our naval medical facilities in Guam will allow us to more effectively test, isolate, and if necessary treat Sailors. We expect additional positive tests, and those Sailors who test positive will be transported to the U.S. Naval Hospital Guam for further evaluation and treatment. During the port visit, base access will be limited to the pier for Roosevelt's Sailors. No base or regional personnel will access the pier.

"We're taking this day by day. Our top two priorities are taking care of our people and maintaining mission readiness. Both of those go hand in glove.

"We are confident that our aggressive response will keep USS Theodore Roosevelt able to respond to any crisis in the region."

RDML Charlie Brown, APR+M

U.S. Navy Chief of Information

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Response to Query
Theodore Roosevelt Strike Group Sailors with COVID-19 Diagnosis
Updated on March 25, 2020 at 1:20 p.m.

1. Background (not for release): On March 23, three Sailors presented to Medical reporting they had influenza-like symptoms. The medical augment team from Biological Defense Research Directorate from Fort Detrick, MD embarked on TR tested the Sailors. On March 24, surveillance testing of both Sailors was indicative of COVID-19. The Sailors have been placed in isolation in the ship's medical until they can be flown off the ship.

Theodore Roosevelt Strike Group (TRSG) completed a port visit to Da Nang, Vietnam March 9. Following the port visit ship's medical monitored Sailors with respiratory symptoms and those Sailors who flew aboard following the port visit via the Carrier Onboard Delivery (COD) daily. In addition, 39 Sailors from USS Theodore Roosevelt (CVN 71) and USS Bunker Hill (CG 52) who were registered guests or visited the Vanda Hotel during the same timeframe as non-strike group affiliated (British) guests who tested positive for Coronavirus Disease 2019 (COVID-19) supported a 14-day monitored berthing and observation period. Male and female berthing areas were identified to support. During the 14-day period none of the Sailors were assessed to have influenza-like symptoms and none of the three Sailors identified by Medical testing as indicative of COVID-19, stayed at the Vanda Hotel.

The three individuals with test results indicative of COVID-19 are isolated in accordance with the Center for Disease Control and Prevention Guidelines until the Sailors can be flown off the ship. Those deemed to be in close contact with them (sleep in the same berthing or work in the same work center) are in male and female quarantine berthing areas of the ship.

Batch testing of the close contacts of the sailors was completed last night. There were 192 close contacts tested in groups of 5, with 9 positive group tests. The preventive medicine team onboard is in the process of individually testing the samples from the positive batches.

TR's Operations Officer and Senior Medical Officer are working with the Joint Region Marianas and Naval Base Guam team to coordinate a medical evacuation of all Sailors with test results indicative of COVID-19. Initial 3 Sailors are scheduled to be flown off Wednesday, May 25.

The ship intends to pull into Guam on Friday, March 27.

The statement, talking points, and Q&A below are from the COVID-19 Public Affairs Guidance (PAG) provided by CHINFO.

2. PA Posture/Lead: ACTIVE for COVID cases with CHINFO and OSD coordination. PACFLT as lead.

3. Holding Statement.

(Begin) As confirmed by the Secretary of the Navy and the Chief of Naval Operations, on March 24, surveillance testing of three Sailors was indicative of Coronavirus Disease 2019 (COVID-19).

The individuals are isolated in accordance with the Center for Disease Control and Prevention Guidelines until the Sailors can be flown off the ship. Shipboard health professionals conducted a thorough contact investigation to determine whether any other Sailors may have been in close contact and possibly exposed. Those deemed to be in close contact with the three individuals with test results indicative of COVID-19 have been moved to male and female quarantine berthing areas onboard the ship. Commander, U.S. Pacific Fleet is committed to taking every measure possible to protect the health of our force. (End)

4. Talking Points:

- On March 24, surveillance testing of three Sailors was indicative of Coronavirus Disease 2019 (COVID-19).
- The individuals are currently isolated in accordance with the Center for Disease Control and Prevention Guidelines until the Sailors can be flown off the ship.
- Shipboard health professionals are conducting a thorough contact investigation to determine whether any other Sailors may have been in close contact and possibly exposed.
- Those deemed to be in close contact with the three individuals with test results indicative of COVID-19 have been moved to male and female quarantine berthing areas onboard the ship.
- Commander, U.S. Pacific Fleet is committed to taking every measure possible to protect the health of our force.
- The Navy is following guidance from OSD-P&R which is consistent with current CDC guidelines.
- Sailors work in close quarters and reducing possible infection vectors supports readiness of the whole unit.
- Screening of individuals potentially exposed to COVID-19 is based on their risk of exposure, using CDC Patients Under Investigation (PUI) criteria.
- Our Sailors did the right thing by seeking medical care when they were experiencing symptoms of a respiratory illness.
- Please continue to respect the privacy of our shipmate and their family — do not speculate or contribute to false or unconfirmed information.

For Ship's Company

- Please remember that you represent our ship and the Navy, there can be a lot of inaccurate information in the media, if you are contacted by media, please refer them to public affairs for the facts and notify your Chain of Command.

5. Questions and Answers:

Q. Does a Sailor assigned to USS Theodore Roosevelt (CVN 71) have the 2019 Novel Coronavirus (COVID-19)?

A. As confirmed by the Secretary of the Navy and the Chief of Naval Operations, on March 24, surveillance testing of three Sailors was indicative of Coronavirus Disease 2019 (COVID-19). The individuals are currently isolated in accordance with the Center for Disease Control and Prevention Guidelines until the Sailors can be flown off the ship.

Q. Do you know if the Sailor had contact with an individual infected with COVID-19?

A. Similar to other respiratory illnesses, which are far more common according to the CDC, individuals may come in contact with people who are not exhibiting any symptoms. As a reminder, CDC always recommends everyday preventive actions to help prevent the spread of respiratory illnesses, including:

- Wash your hands often with soap and water for at least 20 seconds.
- If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Avoid close contact with people who are sick.
- Stay home, or follow your local sick call procedure, when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.

Q. Are Sailors assigned to USS Theodore Roosevelt (CVN 71) at risk?

A. Sailors work in close quarters and reducing possible infection vectors supports readiness of the whole unit. Defensive protocols are in place onboard the ship. As with any respiratory illness, Sailors are encouraged to follow CDC preventative recommendations to ensure a healthy working environment. These include frequently washing hands, avoiding touching eyes, nose, and mouth, and consulting a medical professional if you feel ill.

Q. Does the Navy have the ability to test for COVID-19.

A. The medical augment team from Biological Defense Research Directorate from Fort Detrick, MD is embarked on USS Theodore Roosevelt and has the ability to conduct surveillance testing onboard for Sailors who present influenza-like illness symptoms. This capability provides early-warning surveillance for the medical teams to be able to identify if a COVID-19 case is onboard a ship.

Q. Is/Are other Sailor(s) quarantined?

A. Shipboard health professionals conducted a thorough contact investigation to determine whether any other Sailors may have been in close contact and possibly exposed. Those deemed to be in close contact with the three individuals with test results indicative of COVID-19 have been moved to male and female quarantine berthing areas onboard the ship. Moreover, we continue to monitor the crew wellness, and we encourage any Sailors feeling unwell to visit our shipboard medical professionals.

Q. Will USS Theodore Roosevelt be quarantined and what precautionary measures are in place?

A. The Sailors are being held in isolation until the ship is able to fly those Sailors who were indicative of COVID-19 off the carrier. Those deemed to be in close contact with the three individuals with test results indicative of COVID-19 have been moved to male and female quarantine berthing areas onboard the ship. The ship will take appropriate preventative measures, in accordance with specific guidance on the [Navy-Marine Corps Public Health Center](#) and [CDC environmental cleaning and disinfection recommendations](#). Moreover, we continue to monitor crew wellness, and we encourage any Sailors feeling unwell to visit our shipboard medical professionals

Q. Where did the Theodore Roosevelt Carrier Strike Group visit before the Sailor's tested positive for COVID-19?

A. USS Theodore Roosevelt (CVN71) made a routine port call in Guam in February and Da Nang, Vietnam March 5-9. At the time of the port visit there were only 16 positive cases and those were localized in northern Vietnam. The decision to conduct the port call was a risk-informed decision made by the INDOPACOM commander.

Q. Where will the ship go next?

A. It is the policy of the U.S. Navy to not discuss future ship movements or operations due to operational security considerations.

Q. What guidance is the Theodore Roosevelt Carrier Strike Group following?

A. Theodore Roosevelt is following the U.S. Pacific Fleet recently issued guidance directing all ships operating in the Western Pacific to remain at sea for 14 days between port visits to monitor Sailors for COVID-19 symptoms following port. Additionally, cases that are indicative of COVID-19 are being isolated on the ship and flown ashore at the first opportunity. Theodore Roosevelt will continue to take every measure to protect our Sailors, prevent the spread of the virus and continue to support our mission in the Indo-Pacific.

Q. What measures are you taking to ensure service members' health safety?

A. Theodore Roosevelt Strike Group has been closely monitoring the latest information and guidance being provided by the Centers for Disease Control, World Health Organization, and Navy Bureau of Medicine and Surgery and applying defensive protocol measures where feasible for a ship at sea to reduce the risk of respiratory viruses.

Q. Have USS Theodore Roosevelt conducted any port visits that were not maintenance/stores unload- and if so, were Sailors restricted to the ship?

A. Since leaving San Diego in mid-January, USS Theodore Roosevelt has pulled into Guam February 7-10 and Vietnam March 5-9. Both were liberty ports.

Q. How many Sailors are in isolation or quarantine on the USS Theodore Roosevelt?

A. To protect operational security, we are not disclosing any specific numbers of Sailors in quarantine, but I can tell you that Sailors identified as having been in close contact with the Sailors who were indicative of COVID-19 are being tested as well.

Medical Evacuation conducted for Sailors embarked on USS Theodore Roosevelt

From U.S. Pacific Fleet Public Affairs

PEARL HARBOR (NNS) – On March 25, Sailors with test results indicative of COVID-19 were medically evacuated from USS Theodore Roosevelt (CVN 71) to Naval Base Guam.

The Sailors were taken to U.S. Naval Hospital for evaluation and treatment.

Surveillance testing of three Sailors conducted on March 24 was indicative of Coronavirus Disease 2019 (COVID-19). The individuals were isolated in accordance with the Center for Disease Control and Prevention Guidelines until the Sailors could be flown off the ship.

Shipboard health professionals conducted a thorough contact investigation to determine whether any other Sailors may have been in close contact and possibly exposed. Those Sailors have been placed in quarantine berthing for further evaluation.

Since the ship's port visit, the ship has been following an aggressive mitigation strategy to minimize spread of respiratory viruses and protect the health of our force. The mitigation efforts included the following:

- The ship's medical team onboard monitored Sailors with respiratory symptoms and those Sailors who transferred to the ship following the port visit daily.
- Ship personnel conduct deep cleaning of ship with HTH (bleach) on a twice daily basis.
- Antiseptic wipes and hand sanitizer are located throughout the ship, particularly in workspaces near computers, mess decks, common areas, and tool issue.
- The ship secured self-serve on the mess decks, CPO Mess, and Wardroom.

U.S. Pacific Fleet is committed to taking every measure possible to protect the health of our force.

For questions, contact U.S. Pacific Fleet Public Affairs at (b) (6)

6. Public Affairs Points of Contact

6.1 Commander, Pacific Fleet: CDR (b) (6) : Comm: (b) (6) ; Mobile: (b) (6) ; Email: (b) (6) [@navy.mil](mailto:(b) (6)@navy.mil)

6.2 Commander Seventh Fleet: CDR (b) (6) ; Comm: (b) (6) ; DSN: (b) (6) ; Mobile: (b) (6) ; Email: (b) (6) @lcc19.navy.(smil).mil

6.3 Commander Seventh Fleet Deputy PAO: LT (b) (6) ; (b) (6) [@lcc19.navy.mil](mailto:(b) (6)@lcc19.navy.mil)

6.4 TRSG PAO: LCDR (b) (6) , (b) (6) [@cvn71.navy.mil](mailto:(b) (6)@cvn71.navy.mil); (b) (6)

6.5 TRSG DPAO: LTJG (b) (6) , (b) (6) [@cvn71.navy.mil](mailto:(b) (6)@cvn71.navy.mil); (b) (6)

(b) (6)

LCDR USN NAVCIVLAWSUPPACT DC (USA)

From: (b) (6) CAPT USN, USS Theodore Roosevelt <(b) (6)@cvn71.navy.mil>
Sent: Tuesday, March 24, 2020 12:04 PM
To: (b) (6) CAPT USN, C7F; (b) (6) CAPT USN COMPACFLT N01H (USA);
Cc: (b) (6) CAPT USN COMNAVAIRPAC SAN CA (USA)
Subject: WARNORD for BUMED
Signed By: (b) (6)@mail.mil

(b) (6) and (b) (6),

Requesting a WARNORD to Navy Medicine to be prepared to support the TR when we pull into Guam. Did batch testing of 192 samples tonight (these were the close contacts from the first two positive sailors - both from the air wing). 192 sailors in groups of 5, with 9 positive group tests meaning 1-5 people per group test were positive = 9-45/200 positive = 4.7-23.4%. Will get the individual results tomorrow and work to get them off the ship. Will also do contact testing (approx.. 200) on the +sailor from Rx. Needless to say, this is not good, and following up on my previous email I believe we're at the tipping point and anyone who is defined as an ILI is a presumptive +COVID-19 and should be treated as such. Thoughts?

v/r,

(b) (6)

(b) (6), MD
CAPT MC(FS) USN
Senior Medical Officer
USS Theodore Roosevelt (CVN-71)
Work: (b) (6)
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POLITICS

Eight sailors from USS Theodore Roosevelt have coronavirus, raising concerns about pandemic's strain on military

Tom Vanden Brook USA TODAY

Published 4:22 p.m. ET Mar. 24, 2020 | Updated 6:49 p.m. ET Mar. 25, 2020

WASHINGTON – The Navy on Wednesday diagnosed five more sailors with COVID-19 aboard the 5,000-member USS Theodore Roosevelt, bringing the total to eight with the illness, according to Navy Cdr. Clay Doss, a Navy spokesman.

The Navy plans to airlift the five newly diagnosed sailors from the ship, which is operating in the Pacific, Doss said. Officials aboard the Roosevelt are still determining if the coronavirus has spread to more sailors.

"They're doing everything they can to isolate anyone who had contact with those sailors and prevent further spread," Doss said.

The sailors became ill while at sea, raising questions about further spread of the highly contagious disease and the overall strain of the pandemic on military readiness.

The Pentagon already has canceled or curtailed major war-training exercises, quarantined thousands of troops, closed recruiting centers and slapped limits on foreign and domestic travel.

Defense Secretary Mark Esper acknowledged Tuesday that readiness, the term the military uses to gauge its ability to fight, has been affected by coronavirus. Several major training operations have been canceled since the pandemic swept around the globe.

The Pentagon remains capable of meeting any threats, he said.

The Roosevelt had been at Danang, Vietnam, 15 days ago for a port visit. The sick sailors have been flown from the ship to a military hospital in the Pacific region, Adm. Michael Gilday, chief of naval operations, said on Tuesday.

Gilday declined to say how many others had been in contact with the ill sailors, saying he did not want to signal vulnerability to adversaries.

Military readiness: Coronavirus forces cuts in training, recruiting, creating strains

It's not clear that the sailors contracted the virus in Vietnam, Gilday said. Aircraft have also been flying to and from the Roosevelt as well.

The Navy has canceled port visits for its nearly 100 ships at sea, Gilday said. The ships will stop only for maintenance or resupply. No sailors aboard submarines have tested positive, Gilday said. Social distancing aboard submarines would be difficult given close quarters.

Army Gen. Mark Milley, chairman of the Joint Chiefs of Staff, predicted the effects of missed training opportunities from coronavirus to be minimal.

"There will be an impact to readiness," Milley said. "I think will be on the low end."

What coronavirus does to your body: Everything to know about the infection process

From: [Crozier, Brett E CAPT USN, USS Theodore Roosevelt](#)
To: ["USS Theodore Roosevelt Ombudsman Team"](#)
Cc: [\(b\) \(6\) CAPT USN, USS Theodore Roosevelt; \(b\) \(6\) CMC USN, USS Theodore Roosevelt;](#)
[\(b\) \(6\); \(b\) \(6\) LCDR USN, USS THEODORE ROOSEVELT](#)
Subject: TR letter to the families
Date: Tuesday, March 24, 2020 9:59:14 AM
Attachments: [Letter to TR Family and Friends 20200325.pdf](#)

Ladies,

Good morning. A hectic last 24 hours onboard the TR. In the last 24 hours 3 Sailors (TR and CVW) tested positive for COVID-19. We have limited off ship connectivity, but I'm sure the word will soon be out. The attached letter can be emailed out to your distro list, and posted on the closed FB account.

I realize it won't answer all the questions, but hopefully it will help some of the families that are concerned.

Although you guys are more than capable of assisting the families back home, feel free to reach out to the regional OMBUDSMAN if you feel you need assistance during these challenging times.

The good news is that the crew remains positive, focused on the mission, and eager to tackle this challenge just like they do any other.

Thanks for all that you do and thanks for all your support.

Vr,
Brett

CAPT Brett E. Crozier
Commanding Officer
USS THEODORE ROOSEVELT (CVN 71)



DEPARTMENT OF THE NAVY
USS THEODORE ROOSEVELT (CVN 71)
UNIT 100250 BOX 1
FPO AP 96632

March 25, 2020

To our family and friends,

Hello again from aboard 'America's Big Stick', the mighty TR. As you can imagine in the dynamic world within which we all live, your Sailors commitment to ensure the safety and security of our Nation is on display to the world. Even with difficulties at home, knowing we have your support provides the foundation for our continued success at sea, and is the framework for our homecoming once the mission is complete.

We just wrapped up training with the USS America and accompanying ships, and our Sailors continue to go above and beyond with any task assigned. Each day they conduct themselves as the professional Sailors they are; focused, committed and determined to see the mission through to the end. Thank you for being the support they need at home in order for them to perform at their peak out here.

As the Captain, it's important for me to maintain an open dialogue with the families and the friends of the Sailors I have been entrusted to lead, and I wanted you to hear from me an update to the last letter I sent when we left Vietnam.

Yesterday evening, a few Sailors did the right and brave thing, reporting to medical stating they were experiencing flu-like symptoms. These Sailors were tested by our embarked Naval Medical Research Center team that joined us after Vietnam, and this morning the results of the tests indicated positive results for coronavirus (COVID-19).

These Sailors have been placed in isolation in accordance with the Center for Disease Control and we are coordinating flying those Sailors off the ship as soon as possible. They have also all been able to contact their families, and will be able to stay in contact once ashore.

Your Sailors remain our number one priority and we are doing everything we can to ensure they remain healthy so we can continue to accomplish our mission out here in the Western Pacific and return them to you again safely. Our world-class medical department is working around the clock, screening any Sailor that reports feeling ill, as well as aggressively sanitizing the ship on a regular basis.

Since the ship's last port visit in Vietnam, we have been following an aggressive mitigation strategy to minimize spread of coronavirus and protect the health of our force. Some of the mitigation efforts included the following:

- The ship's medical team onboard monitored Sailors with respiratory symptoms and those Sailors who transferred to the ship following the port visit daily.
- Verbal screening of all Sailors for any flu-like symptoms.
- Ship personnel conduct deep cleaning of ship with bleach on a daily basis.
- Antiseptic wipes and hand sanitizer were placed throughout the ship, particularly in workspaces near computers, mess decks, common areas, and tool issue.

- The ship secured self-serve on the mess decks, CPO Mess, and Wardroom.
- A medical augment team from Biological Defense Research Directorate from Fort Detrick, MD embarked the ship following the port visit. This team has the ability to test Sailors onboard who present influenza-like illness symptoms. This capability provides early-warning surveillance for the medical teams to be able to identify if a COVID-19 case is onboard a ship – as they did in our few current cases onboard.

Immediately following the positive results from the Sailors onboard, we additionally implemented:

- Limited services offered by the onboard dental department.
- Testing has been conducted for all the Sailors who were in close contact with the infected Sailors.
- Continued verbal screenings of all Sailors for any flu-like symptoms.
- An additional Preventive Medicine Officer and Preventive Medical Tech will be joining us from USS America. They will be able to assist the current Preventive Medical team onboard in contact tracing, quarantine, etc.

Please remember that you are an integral part of our Navy Team. You represent our ship, your Sailor and our Navy. Operational security regarding both ship movements and our medical readiness is sensitive information and should not be made public (i.e. posted on social media) as this information can leave the ship vulnerable. There can also be a lot of inaccurate information out there so, if you are contacted by external media, please refer them to our public affairs team onboard at (b) (6) @cvn71.navy.mil.

Sailors are our top priority and we will do everything we can to keep them safe. Each day your Sailors provide our Navy Team something to be proud of, and in the most challenging times that does not change. I remain in awe and consider it a privilege to serve with and lead such a distinguished group of Sailors, and I thank you for your continued support.

Sincerely

(b) (6)

(b) (6)

Brett Crozier
Captain, U.S. Navy
Commanding Officer

Witness Statement of Commander, U.S. SEVENTH Fleet

On 13 May 2020, I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via video-teleconference.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: VADM William R. Merz, USN
Position: Commander, U.S. SEVENTH Fleet

Email Address: (b) (6) @lcc19.navy.mil
Phone(s): (b) (6)

I would like to point out that the effort to recover TR is significant, spanning thousands of active duty service members and civilians across the joint force. There are some incredible folks out there who set the standard, while being held accountable [by the media] for defeating a virus the whole world has still yet to figure out -- and the world doesn't yet know about their contributions to the fight against COVID-19.

There are four Captains in particular who own this:

1. Captain (b) (6) (CoS, C7F): Lead sled dog. Orchestrated and synchronized all initial and ongoing major muscle efforts on Guam and off-island support of Guam, coordinated up and down-chain reports and communications.
2. Captain (b) (6) (CO, NBG): Generated ample and adequate berthing within the base fence line, managed all logistics regarding medical support, movement and feeding sailors on and off base. Stayed ahead of need.
3. Captain (b) (6) (CoS, JRM): Liaison with Gov Guam office and Hotel association, coordinated all movements through both Guam airport and Anderson AFB, coordinated movement in and through the hotels. General utility fielder for short-fused on-island issues.
4. Captain Carlos Sardiello (CO, TR): recovered the crew, reestablished standards and purpose -- just what the ship needed.

I have been C7F since mid-September 2019.

RDML Baker (CCSG-9) is doing fine, but tired. CSG-9's performance has been average -- operational performance was good, communications average. The strike group struggled early staying within the chain-of-command, but quickly corrected. They settled in well.

Communications prior to the first COVID positive case with the strike group followed the normal CTF battle rhythm, bi-weekly reports, daily CUBs (4 time per week, mandatory on Tuesdays), and regular CDR-CDR emails as they moved through their missions. There had been no prior significant challenges with CSG-9. My COS tunes in quickly when we have a needy strike group, CSG-9 is not one of them. Additionally, communications ramped up quickly upon

infection of the ship. I established set morning Tanbergs with JRM, CSG-9, CNFJ, CSG5 (RRN had become infected, too). Frequent comms through the day have been added as needed.

There was early tension between CPF and C7F staffs, born out of the day-to-day friction of routine operations – doesn't get better in crisis. Through frequent CDR-CDR dialogue, tension eased.

Regarding the decision to visit Da Nang, we followed the in-place processes to evaluate the spectrum of threats – COVID was one of the driving issues. I had ample opportunity to ask questions and discuss risks. In the context of port visits throughout the region, I concurred with the INDOPACOM decision and supporting threat assessments and risk calculus. Of note, INDOPACOM was the promulgated decision authority for cancelling any activity in my AOR due to COVID (unusual). For context, during the same basic timeframe of TR's Vietnam visit, USS BOXER and USS AMERICA were visiting Thailand and USS BLUE RIDGE was visiting Singapore. BUNKER HILL (pierside) visited Vietnam with TR (at anchor). All three countries were low risk for COVID, only TR contracted the virus. USS BLUE RIDGE had also previously visited Korea, Okinawa and Thailand prior and I was embarked for all port visits.

I sent out a COVID-19 TASKORD on 15 February 2020, which referenced the NRTP. We put a lot of thought into this and it proved to be very helpful. The NRTP was basically the reference I would have expected to be used by the TR SMO when advising the XO and CO.

When BLUE RIDGE left Thailand in late February we were in discussions with CPF regarding 14-days at sea between port visits for the Fleet. Because of the steady dialogue with CPF, the C7F TASKORD, and a well-informed crew, BLUE RIDGE had initiated strict hygiene protocols and was well-postured for a break-out. We were not yet wearing PPE or social distancing in the Fleet. At the time, face masks were still not considered viable protection. Interestingly, though, the aggressive cleaning and hygiene program resulting in an amazingly healthy ship, no illness onboard of any kind. Never seen that before. Very healthy 1000-person crew.

While at sea following BLUE RIDGE's port visit to Thailand (23-26 February), the 14-day at-sea requirement was issued by CPF. Accordingly, BLUE RIDGE's next port of Brunei was shifted to a BSP on 1 March. At that point, we were in the COVID mindset and started to shift Fleet-wide Ops to align with the at-sea 14-day requirement. I departed the ship in Brunei and returned a week later in Singapore on 10 March – my last Flag travel with the exception of visiting TR in Guam.

TR departed Da Nang on 9 March. 14-days after leaving Vietnam, the ship reported quarantine complete of their 39 sailors pulled from the hotel in Da Nang. TR's first positive test was on 24 March, and TR reported generating their close contact list and segregation plan. Two more positives quickly followed, and again TR reported the additional close-contacts and quarantine plan. Because the cases were unrelated, and based upon what we knew about the virus at the time, I explained to them the likelihood of multi-generation asymptomatic transmission onboard and that they had to aggressively segregate the close contacts and critical watchstanders (for protection). Essentially, it's at your doorstep. Prior to reaching Guam, I also discussed with RDML Baker the need to protect the command element and lock down the Strike Group staff and directed him to create a succession plan in case he became infected. I also shifted all other

ships out of CSG-9 to allow complete focus on TR. In addition to segregating the infected crew and close contacts, I also expected them to close barber shops, ship's stores, gyms, libraries, gyms, chapels, etc. I did not verify compliance, but these actions were discussed in prior guidance, and additional Fleet guidance was promulgated on 20 and 22 March. From the 24th through the 27th of March positives began to increase. At this point we had the ship moving towards Guam, and once in range we flew the infected sailors to shore (25-26 March).

As part of our prior preparation for an outbreak at sea in 7th Fleet, we identified Guam, Okinawa and Yokosuka as the best candidate locations to take a ship if needed (Japan agreed to support). Thailand was their scheduled port visit but was shifted to Guam because all port visits had just been cancelled in the AOR by INDOPACOM. We assumed TR was going to be a large effort and preferred a U.S. option. Guam also had an open CVN pier in a remote location on the island.

At this time, RFIs steadily increased from several HHQ sources, direct to C7F, CSG9 and TR. C2 was confused at the outset as HHQ began reaching directly to the ship for details and information. This was distracting and was quickly reined in by both CPF and OPNAV. The volume of formal RFIs from that point forward was heavy but manageable, mostly sent to C7F (as requested). Prior to TR's arrival in Guam, the COVID response lead was established within the C7F MOC, where the C7F COS (b) (6) carved out a cell to specifically manage the numerous and rapidly expanding organizations coming online. Of note, C7F runs all operations and HQ functions from the MOC, resulting in the ability to leverage the familiar day-to-day cycle to absorb the additional COVID-related tasks. This same group also managed the RRN infections and Pre-Deployment Segregation (PDS) in Yokosuka and Atsugi.

Also prior to arrival in Guam, there was significant HHQ attention placed on COD flight history, and determining if this is how COVID was introduced. This resulted in detailed reconstruction of the COD flights and personnel transfers (resulting analysis provided SEPCOR). The conclusion was that COD flights post Da Nang port visit were not likely the source, but because of the nature of the breakout, it's virtually impossible to tell when the ship was infected (validated by the ongoing stubbornness of the virus).

My involvement with the recovery of TR has been necessarily direct. CSG-9 was quickly overwhelmed and became largely unresponsive – this improved over time. In general, I prefer to stay “on-the-loop” with my MOC, not “in-the-loop”. For this challenge I had to be “in-the-loop,” working with CSG-9, keeping the chain-of-command informed and aligned, and allowing my MOC to keep focus on TR, RRN and Fleet Ops (the other 50 ships). BLUE RIDGE was at sea (7 days out of Singapore) when TR became infected, followed her to Guam, and then remained on station beyond the harbor to ensure point-to-point comms and helo access if needed. I and the team remained onboard. I did fly to Guam a week into the effort for an eyes-on assessment, followed by a two-week quarantine period prior to returning to the ship (AAR sent to VADM Brown on SIPR).

There were four COAs running in parallel for segregating the TR crew that conceptually came together very quickly a few days prior to TR's arrival, with the intent to keep all in play until one or more panned out. The TR CO was briefed and updated on each. They were:

1. Naval Base Guam (JRM) with the resources available;
2. In port and nearby shipping with available berthing;
3. Airlift to Okinawa or Atsugi; and
4. Hotels on Guam.

NBG: The JRM effort was impressive and relatively seamless, particularly the ability of the NB Guam CO (b) (6) to quickly pull together off-ship berthing at scale, employing NGIS, barracks, Navy Housing, schools, gyms, and warehouses for a total capacity of ~2400 beds in one week. I did not expect that much capacity to be generated that quickly (small island, big problem). Coordination with JRM initiated several days prior to arrival Guam. It was clear RDML John Menoni had well-established, strong on-island relationships, which I leveraged often. He, RDML Baker, and I started daily synchs prior to TR's arrival. Several times a day initially, these settled into a set morning synch and then as needed through the day (still in progress). TR CO and CSG-9 COS would typically join RDML Baker.

In port and nearby shipping: Berthing aboard other ships was held in reserve if unable to keep pace with other options – never needed.

Off-Island: Okinawa was very promising, and leveraged our strong working relationship with III MEF to generate within a few days up to 1000 single rooms, with a commitment for an additional 2000 rooms. This option was not favored up-chain, presumably because of the heavy airlift required and the optic of flying TR sailors to a foreign country, although the articulated plan was to fly only tested-negative sailors in order to allow more room and support for the tested-positive sailors (on Guam). In addition to being ready to receive our sailors, III MEF provided the bulk of our medical support, sourced from 3rd Medical Expedition Battalion, and is still leading the on-island effort under the TF-MED designation. TF-MED is in the “supporting” role to TR (supported) via C7F TASKORD. Atsugi ended up being needed to support the much lower scale RRN recovery and PDS process.

Hotels: The hotel effort was also impressive, orchestrated by JRM and the Governor. There was hesitation to engage directly with GovGuam, so on 28 Mar I asked RDML Menoni to initiate the discussion at a lower level to pulse support. Clearly financial beneficial for the hotels due to COVID impacts, the response was positive and we then pursued the formal request needed by GovGuam from either C7F, CPF, or IPC. CPF informed me it would be him or IPC. TR CO was briefed on the option and the support, and voiced no concerns when asked (but then sent his letter the same or following day, 29 or 30 Mar). CPF made the formal call on 31 Mar and sailors started arriving at the hotels on 2 Apr, one week after TR's arrival. SF Chronical published CO's letter on 1 Apr and GovGuam felt we had broken trust, resulting in a series of short-fused discussions and apologies. RDML Menoni's relationship with her saved us. I want to point out how heroic this was on behalf of the Governor. Despite considerable political risk of bringing TR sailors to downtown hotels, she went very public and very positive with her support, “these are our sons and daughters...” The hotels were all shutdown due to COVID and had to be reopened, cleaned, inspected and re-manned to support of TR, including kitchens and supplies. The JRM team had to put in place protected transportation and sailor accountability processes for hotel and medical support, and all of this put at risk by the CO's unwarranted plea for the same support he knew was already in progress. Head- scratcher... The Governor told me after the fact

that she had actually initiated discussions with the hotel association the same day we initiated low-level discussions with her staff (day after TR's arrival). She was apparently all-in from the beginning.

The combination of Hotels and NBG became the combined solution. It's important to note that at no time did off-ship berthing capacity fall short of TR's ability to move sailors. When the ship pulled in there was immediately available accommodations for ~500 personnel, improving to ~2500 over the next several days, including medical support. However, there was continual resistance by the ship's command team, presumably heavily influenced by the ship's SMO, to move TR sailors into austere, but effectively segregated, berthing when available while waiting for hotels. This resistance was based upon the SMO not accepting any segregation that was not a single hotel room with a single bathroom. We emphatically agreed that would be best but could not get through to him it wasn't an option yet. When pressed for his Plan B (by me in a conference call), he refused to accept the reality that Plan A just wasn't yet available, and could not comprehend the hurdles that needed to be cleared along that path. His obstinacy in the face of reality continued throughout the recovery – constantly claiming a high-road that didn't exist. There was also the additional victim mentality and entitlement dynamic (...CPOs claiming the off-ship berthing was "not suitable for TR sailors"), with little concept and virtually no appreciation for the massive effort in play on their behalf or the importance of segregation – I was immensely disappointed in the TR Khaki leadership, and this persistent mentality resulted in friction between the ship and everyone trying to help the ship.

Accordingly, once the first 1000 sailors were moved ashore, the ship elected to keep everyone else onboard until the hotel option was available, leaving ~1200 beds on NBG unfilled at the end of the first week, contrary to the central theme cited in the CO's letter. When pressed again, their response was they now had enough room to effectively segregate onboard and that they could also conduct more centralized, more efficient entrance testing. We concurred, but we subsequently learned nothing was actually done by the SMO and TR team to improve the effectiveness of the segregation – the crew essentially continued to co-mingle for several more days and two-weeks elapsed until the bulk of the crew was moved off-ship. At some point in this timeframe I had a direct conversation with the TR/CSG team on the role of the SMO as an advisor not the decider, which is the responsibility of the URL leadership.

There was considerable HHQ focus on immediate initial testing of the entire TR crew, which was at odds with our initial focus of segregating the entire TR crew. We were able to balance the two priorities and coordinated early with CNFK to leverage USFK and ROK testing capacity. There was early belief that ROK could support up to 1000 tests/day. A considerable logistics demand followed that included swabs and air-transport, and actual testing was fraught with interruptions due to off-pen sensitivities (the lab was used for Koreans civilians, too). Highest level ROK Government intervention was required, but delays were significant for two weeks. It finally settled out and now that lab provides support for both TR and RRN – invaluable, but took a while.

Regarding the CO's letter, despite being his operational commander I was not a recipient. It was forwarded to me by VADM Miller (AIRFOR). I discussed with CPF his sense of the CO's intent and why I was not included. CPF had no insight, shared our concern of the CO's lack of

awareness of the efforts underway to support his ship, and opined that the letter would go public. His belief on why I was not included was that the letter was sent just to aviators and that he was not attempting to inform the operational chain of command. In any event, there was impact on my team, a team working long hours on the CO's behalf. We pulled the team together, reset to the same target, and returned to work. I also discussed with RDML Baker, and he assured me that he didn't know the CO was going to send the letter, and also had no insight into the CO's lack of awareness. My Fleet Surgeon was also surprised by the letter. She spoke with the TR SMO regularly and knows he knew about the efforts in play. The letter gave pause to a lot of people working on behalf of the CO, and I can't see how the letter didn't slow things down, sparking off endless critiques, distracting media coverage, interviews, a preliminary inquiry, the SECNAV's visit, RFIs, etc. – singularly unnecessary. Nothing was happening until he sent his letter was the opinion most annoying to all, particularly the Governor.

My visit. I visited Guam ahead of SECNAV's visit and toured all shore support facilities, hotels and medical teams – universally in awe of the effort, seeing it in person after managing it from sea. I was onboard for the SECNAV's IMC remarks and spent over six hours onboard the following day speaking to all elements of the command. I forwarded my after-action report to VADM Brown on SIPR. In summary, the Khaki leadership had broken down at nearly every level, and seemed to have abdicated their responsibility to lead those men and women through this. My high-level diagnosis is that CAPT Crozier had lost separation and therefore perspective. He became too familiar with his crew, was unable to make objective decisions, and bred that in his wardroom. Their heads were in the wrong place. When we saw the video of the send-off, I was quoted in a CNN article "that my job just got a lot harder." Captain Crozier's inappropriate ending of segregation at sea, combined with the lack of COVID protocols (e.g. his send-off) when directed and the resistance to use available off-ship accommodations when available, all likely contributed significantly to the large final positive population (~1200).

Regarding the CO's lack of awareness, I don't believe he really understood the complex process building around him. Somehow he just wasn't tracking, despite sitting in on my discussions with RDML Baker and being specifically asked if he had questions, concerns, or input many times up to that point.

How much trust and confidence in CAPT Crozier do I have to command a ship? Zero. Based on the regular and timely feed of information to him and his team, either he wasn't listening, could not comprehend, or maliciously undermined the response. When he did act, he did so in a way arguably the most inappropriate possible and in spite of all other avenues being available. All fatal flaws – not fit for command. Two hypothesis: First, he knew he put his crew at significant risk, panicked, and opted for distracting offensive action by passing blame in the context of the ludicrous statement "were not at war"; second, he saw an opportunity to be the hero who saved the day – possibly more effective and more public than anticipated. Either way, he surrendered, and brings into question his resiliency and toughness in command.

Do I have trust and confidence in RDML Baker to command a strike group? I do, including in war. He can get the job done. It is hard now because they're locked down, but staff performance has improved throughout the recovery. He has a competent TR CO and would prefer not to

serve with CAPT Crozier again. RDML Baker is an average performer. He is competent and I have no reservations.

CO, CAPT Sardiello is just what the command needed. 12-O'Clock High scenario precisely. He has the crew's respect and continues to restore professionalism and confidence. My sense, he was amazed how far these elements had eroded since last onboard (as previous TR CO). CAPT Sardiello took immediate ownership of the plan and gradually threw us out of his kitchen. He participates in the daily battle rhythm and his no-nonsense approach has brought order back to his ship, and his crew knows it. The victim mentality has morphed into teamwork under his leadership.

I swear (or affirm) that the information in the statement above is true to the best of my knowledge or belief.

(b) (6)

(Witness' Signature) (b) (6)

5-18-20
(Date)

1100 (JRT)
Time

From: (b) (6) CAPT USN, USS Theodore Roosevelt
To: (b) (6) CDR USN, CCSG-9
Subject: FW: PROPOSED PAPER / COURSE OF ACTION FROM WARFARE COMMANDERS
Date: Wednesday, May 6, 2020 5:39:26 PM
Attachments: [COVID Test vs Isolation Slide.pptx](#)
[Rocklov et al.pdf](#)
[COVID 19 - Shipboard Consideration 18MAR2020_final \(002\).pdf](#)
[Public Health Responses to COVID-19 Outbreaks on Cruise Ships - Worldwid....pdf](#)
[TR COVID-19 SITUATION - 29 Mar V2.docx](#)

-----Original Message-----

From: (b) (6) CAPT USN, CVW-11 CAG
(b) (6) @cvw11.navy.mil>
Sent: Sunday, March 29, 2020 11:01 AM
To: Baker, Stuart P RDML USN, CCSG-9 <(b) (6) @ccsg9.navy.mil>
Cc: (b) (6) CAPT USN, CSSG9 <(b) (6) @ccsg9.navy.mil>;
Crozier, Brett E CAPT USN, USS Theodore Roosevelt
<(b) (6) @cvn71.navy.mil>; (b) (6) CAPT USN, USS Theodore
Roosevelt <(b) (6) @cvn71.navy.mil>; (b) (6) CAPT USN, USS
Theodore Roosevelt <(b) (6) @cvn71.navy.mil>; (b) (6) CAPT USN,
USS Theodore Roosevelt <(b) (6) @cvn71.navy.mil>; (b) (6)
CAPT USN, CVW-11 DCAG <(b) (6) @cvw11.navy.mil>; (b) (6)
(b) (6) CAPT USN, COMDESRON23 <(b) (6) @cvn71.navy.mil>; (b) (6)
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(b) (6) CMC USN, USS Theodore Roosevelt <(b) (6) @cvn71.navy.mil>;
(b) (6) CMDCM USN, CVW-11 <(b) (6) @navy.mil>; (b) (6)
CAPT BKH CO <(b) (6) @cg52.navy.mil>
Subject: PROPOSED PAPER / COURSE OF ACTION FROM WARFARE COMMANDERS

Admiral, based on your discussion yesterday with the Warfare Commanders, the attached paper "TR COVID-19 SITUATION" is what we have put together. Other attachments are either referred to in the paper or are for background / reference.

- COVID Test vs Isolation Slide - Shows that testing cannot determine that you don't have the virus, it can only confirm that you do. Makes the point that because of this fact, you can't get to a "safe-ship" situation leveraging testing alone, but you can via individual isolation. Explained in the paper. (Requires editing after recent edit to the paper).

- Rocklov et al - Epidemiological research paper that concludes that ~500 additional infections occurred due to quarantine / restricted movement onboard versus removal from the ship to individual isolation. Pertinent excerpts copied in the paper.

- COVID 19 Shipboard Considerations - Navy and Marine Corps Public Health Center product. Contains projected infection curves (modeled). Final page makes the point "Assuming 'enclave' means 'quarantine,' it is not recommended that a ship be quarantined should a COVID-19 case be discovered aboard. Rather, home isolation and self-quarantine is recommended."

- Public Health Responses to COVID-19 on Cruise Ships - Shows that 46.5% of positives on the

Diamond Princess were initially asymptomatic (a bulk of them developed symptoms and later they estimate that 17.9% remained asymptomatic). Shows that Sailors we may think are safe to put in groups are not; lack of symptoms is not an indicator of lack of infection... negative test results are not an indicator of lack of infection.

We have other background references from the CDC / NAVADMINs etc., but the attached are the ones referenced specifically in the paper.

V/r, (b)



Categories of Patients



Cat	Status	Condition	COVID-19 Test Confirms Virus Carrying Status	14 Day Individual Isolation Confirms Virus Free	Safe Ship with this person aboard
1	Infected	Symptomatic & Contagious	Yes	Yes	No
2		Asymptomatic & Contagious	Unable	Yes	No
3		Asymptomatic & Not Yet Contagious	Unable	Yes	No
4	Virus Free	Exposed & Not Infected	Unable	Yes	Yes
5		Unexposed	Unable	Yes	Yes
6		Previously Infected / Virus Free	Unable	Yes	Yes

- Tested and negative does not mean patient is not infected
- 7 of 33 (21%) Sailors on TR who tested negative subsequently presented with symptoms and tested positive for COVID-19
- Personnel in restricted movement on ship in combined berthing : Categories 2, 3, 4, 6
- Personnel in restricted movement onshore : Categories 2, 3, 4, 6
- Safe ship requires personnel only from categories 4, 5, 6

Testing for COVID-19 is NOT able to confirm the lack of infection;
14+ days of individual isolation IS

H-3-86

COVID-19 outbreak on the Diamond Princess cruise ship: estimating the epidemic potential and effectiveness of public health countermeasures

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Key words: coronavirus; SARS-CoV-2; basic reproduction number; isolation and quarantine; incubation time; evacuation

Declaration of interest: none declared

Abstract:

Background: Cruise ships carry a large number of people in confined spaces with relative homogeneous mixing. On 3 February, 2020, an outbreak of COVID-19 on cruise ship Diamond Princess was reported with 10 initial cases, following an index case on board around 21-25th January. By 4th February, public health measures such as removal and isolation of ill passengers and quarantine of non-ill passengers were implemented. By 20th February, 619 of 3,700 passengers and crew (17%) were tested positive.

Methods: We estimated the basic reproduction number from the initial period of the outbreak using SEIR models. We calibrated the models with transient functions of countermeasures to incidence data. We additionally estimated a counterfactual scenario in absence of countermeasures, and established a model stratified by crew and guests to study the impact of differential contact rates among the groups. We also compared scenarios of an earlier versus later evacuation of the ship.

Results: The basic reproduction rate was initially 4 times higher on-board compared to the R_0 in the epicentre in Wuhan, but the countermeasures lowered it substantially. Based on the modeled initial R_0 of 14.8, we estimated that without any interventions within the time period of 21 January to 19 February, 2920 out of the 3700 (79%) would have been infected. Isolation and quarantine therefore prevented 2307 cases, and lowered the R_0 to 1.78. We showed that an early evacuation of all passengers on 3 February would have been associated with 76 infected persons in their incubation time.

Conclusions: The cruise ship conditions clearly amplified an already highly transmissible disease. The public health measures prevented more than 2000 additional cases compared to no interventions. However, evacuating all passengers and crew early on in the outbreak would have prevented many more passengers and crew from infection.

Introduction

Cruise ships carry a large number of people in confined spaces with relative homogeneous mixing over a period of time that is longer than for any other mode of transportation.¹ Thus, cruise ships present a unique environment for transmission of human-to-human transmitted infections. The association of acute respiratory infections (ARI) incidence in passengers is statistically significant with season, destination and duration of travel.² In February 2012, an outbreak of respiratory illness occurred on the cruise ship off Brazil, resulting in 16 hospitalizations due to severe ARI and one death.³ In May 2020, a dual outbreak of pandemic (H1N1) 2009 and influenza A (H3N2) on a cruise ship occurred: of 1,970 passengers and 734 crew members, 82 (3.0%) were infected with pandemic (H1N1) 2009 virus, and 98 (3.6%) with influenza A (H3N2) virus.⁴ Four subsequent cases were epidemiologically linked to passengers but no evidence of sustained transmission to the community or passengers on the next cruise was reported.⁴ In September 2000 an outbreak of influenza-like illness was reported on a cruise ship sailing off the Australian coast with over 1,100 passengers and 400 crew on board, coinciding with the peak influenza period in Sydney.⁵ The cruise morbidity was high with 40 passengers hospitalized, two of whom died. A total of 310 passengers (37%) reported suffering from an influenza-like illness.

In December 2019, a novel coronavirus, SARS-CoV-2, emerged in Wuhan, China and rapidly spread within China and then to various global cities with high interconnectivity with China.^{6,7} The resulting ARI due to this coronavirus, a disease now coined COVID-19, is thought to be mainly transmitted by respiratory droplets from infected people. The mean serial interval of COVID-19 is 7.5 days (95% CI, 5.3 to 19) and the initial estimate for the basic reproductive number R_0 was 2.2 (95% CI, 1.4 to 3.9),⁸ although higher R_0 have since been reported with a mean of more than 3.⁹ On 18 February 2020, China's CDC published their data of the first 72,314 cases including 44,672 confirmed cases.¹⁰ About 80% of the confirmed cases were reported to be mild disease or less severe forms of pneumonia, 13.8% severe and 4.7% critically ill. Risk factors for severe disease outcomes are older age and comorbidities. The progression to acute respiratory distress syndrome occurs approximately 8-12 days after onset of first symptoms, with lung abnormalities on chest CT showing greatest severity approximately 10 days after initial onset of symptoms.^{11-13,14} Evidence is mounting that also mildly symptomatic or even asymptomatic cases can transmit the disease.^{15,16}

On 3rd February, 2020, an outbreak of COVID-19 was reported on Cruise Ship Princess Diamond off the Japanese coast, with initially 10 persons confirmed to be infected with the virus. The number has since ballooned into the largest coronavirus outbreak outside of mainland China. By 19th February, 619 of 3,700 passengers and crew (17%) were tested positive. By end February, six persons had died. The outbreak was traced to a Hong Kong passenger who embarked on January 21st and disembarked on January 25th. After docking near New Taipei City, on January 31, the ship arrived in Yokohama, Japan. By the following day, the Japanese health ministry ordered a 14-day quarantine for everyone on board and rushed to close its ports to all other cruise ships. The public health measures taken according to news reports and the media were removal of all PCR positive passengers and crew from the ship and their isolation in Japanese hospitals. The remaining test-negative passengers and crew remained on board. Passengers were quarantined in their cruise ship cabins, and only allowed out of the cabin for one hour per day. By 20th February, the decision to evacuate was made and more than 3000 passengers left the ship. Most were air-evacuated by their respective countries.¹⁰

The cruise ship with a COVID-19 index case onboard between the 21-25th January serves as a good model to study its potential to spread in a population that is more homogeneously mixed, compared to the more spatially variable situation in Wuhan.

We set out to study the empirical data of COVID-19 confirmed infections on the Cruise ship Diamond Princess, to estimate the basic reproduction number (R_0) under cruise ship conditions, the response effectiveness of the quarantine and removal interventions, and compare scenarios of an earlier and later evacuation of the ship.

Methods:

We used data on confirmed cases on the cruise ship as published on a daily basis by public sources^{17,18} to calibrate a model and estimate the basic reproduction number R_0 from the time sequence and amplitude of the case rates observed. COVID-19 is thought to have been introduced by an index case from Hong Kong visiting the ship between the 21st to 25th of January, 2020. We thus used the date of 21st January 2020 as the first time point, $t=0$, assuming the index case was infectious from the first day on the ship. The estimates of R_0 and the associated Covid-19 incidence on the cruise ship was derived using a compartmental model estimating the dynamics of the number of susceptible (S), exposed (E), infected (I), and recovered (R) individuals, adapted but modified from a published COVID-19 study.¹⁹ We analyzed two instances of the model assuming respectively: (1) a homogenous population (3700 individuals), and (2) a stratified population of crew (1000 individuals) and guests (2700 individuals). The model used a relationship between the daily reproductive number, β , and R_0 to infer the transmissibility and contact rate across the whole cruise ship population by the relationship:

$$\beta = \text{transmissibility} * \text{contact rate} = R_0/i$$

where the infectious period equals to one over the recovery rate (γ), $i = 1/\gamma$

In the homogeneous model, the infectious period, i , of COVID-19 was set to be 10 days based on previous findings.⁸ In the situation of no removal (ill persons taken off the ship to be isolated in a Japanese hospital), the incubation period (or, the latent period), l was estimated to be approximately 5 days (ranging from 2 to 14 days).²⁰ In order to model the removal/isolation and quarantine interventions, we implemented time dependent removal and contact rates as described in Table 1. We performed additional sensitivity analysis reducing the R_0 to 3.7, an estimate of the average value across mainland China studies of COVID-19.⁹

We further estimated a counterfactual scenario of the infections dynamics assuming no interventions were implemented, in particular no removal and subsequent isolation of ill persons. We assumed an infectious period of 10 days, with a contact rate remaining the same as in the initial phase of the outbreak. Additionally, in the stratified model of crew and guests, the contact rate was assumed to be different due to the assumption that crew could not be easily quarantined as they had to continue their services on board for all the passengers and possibly had more homogeneous mixing with all the passengers, whereas passengers may be mixing more within their preferred circles and areas. We kept the transient change in the contact rate and the removal of all PCR confirmed patients starting from the 3rd and the 5th of February respectively as in the first model. Parameters are described in Table 1.

The model describing a homogeneous population onboard can be described by:

$$\frac{dS}{dt} = -\beta I \frac{S}{N}$$

$$\frac{dE}{dt} = \beta I \frac{S}{N} - E/l$$

$$\frac{dI}{dt} = E/l - \gamma I$$

$$\frac{dR}{dt} = \gamma I$$

where S denote all susceptible people on the cruise ship, E all exposed, I all infected and R all recovered or removed, and where $N = S + E + I + R$ denotes the whole population.

The model describing a stratified population onboard can be described by:

$$\frac{dS_g}{dt} = -\beta_{gg}I_g \frac{S_g}{N_g} - \beta_{cg}I_c \frac{S_g}{N_g}$$

$$\frac{dE_g}{dt} = \beta_{gg}I_g \frac{S_g}{N_g} + \beta_{cg}I_c \frac{S_g}{N_g} - E_g/l$$

$$\frac{dI_g}{dt} = E_g/l - \gamma I_g$$

$$\frac{dR_g}{dt} = \gamma I_g$$

$$\frac{dS_c}{dt} = -\beta_{cc}I_c \frac{S_c}{N_c} - \beta_{gc}I_g \frac{S_c}{N_c}$$

$$\frac{dE_c}{dt} = \beta_{cc}I_c \frac{S_c}{N_c} + \beta_{gc}I_g \frac{S_c}{N_c} - E_c/l$$

$$\frac{dI_c}{dt} = E_c/l - \gamma I_c$$

$$\frac{dR_c}{dt} = \gamma I_c$$

where S denotes susceptible, E exposed, I infected and R recovered or removed, $N = S + E + I + R$, and the subscript g and c are indicating guest and crew respectively. Overall, we assume mortality is negligible.

Models with interventions were calibrated to reports of total infection occurrence, while models simulating the counterfactual scenarios were left with the naïve parameter settings (no countermeasures). The net effects of the countermeasures were estimated as the difference between the counterfactual scenario and the model with the interventions. Model parameters are described in Table 1. The effectiveness of the countermeasures was estimated by calibration of the model to data.

We here also present estimations of the plausible consequences of a hypothetical third intervention strategy, whereby all individuals onboard would have been evacuated either on 3rd of February or 19th

of February. We estimated and presented the number of latent cases on 3rd February evacuation and on 19th February, 2020.

Results:

Using the SEIR model assuming relatively homogenous mixing of all people onboard, we calibrated the predicted cumulative number of infections from the model to the observed cumulative number of infections among all people onboard and estimated the initial R_0 to 14.8. This resembled an estimate of β (the daily reproduction rate) to 1.48. To derive this estimate we calibrated functions describing transient change in the β as a result of changes in contact rate and the removal of symptomatic infections. The parameter values of contact rate, quarantine interventions and removal presented in Table 1 are the results of the calibration to the observed cumulative incidence data. The contact rate between persons on the cruise ship was calibrated to give the best fit to data with a reduction of 70% by the quarantine countermeasure with onset 3rd February, 2020. The transient function of removal and isolation of infected cases with an onset on 5th February, 2020, reduced the infectious period from 10 to 4 days, and substantially reduced the transmission and sub-sequent infections on the ship. In Figure 1 we present the change in R_0 based on the relationship between R_0 and β and how it is affected by the transient countermeasures of quarantine and removal of ill patients from the model. Here R_0 should be interpreted as the basic reproductive rate in a totally naïve population on the Diamond Princess (i.e. same contact rate), and not the actual basic reproductive number over time on the cruise ship. The R_0 was 14.8 initially and then R_t declined to a stable 1.78 after the quarantine and removal interventions were initiated (Figure 1).

The predicted cumulative number of cases over time from this model described the observed cases well, but overestimated the cumulative case incidence rate initially (Figure 2). This allowed to compensate for reporting bias in the initial phase, given that the proportion of testing of all passengers was patchy while at the end of the study (19th February, 2020) the testing of passengers had a higher coverage and was more complete. The modelled cumulative number of cases on 19 February, 2020, is 613 out of the 3700 people at risk, while the observed reported number of cases is 619. The counterfactual scenario assuming homogenous rates among crew and guests without any interventions (no removal off the ship or isolation of ill persons nor any quarantine measures for the remaining passengers on boat), estimated the number of cumulative cases to be 2920 out of the 3700 after 30 days, that is by 19th of February (Figure 2). The net effect of the combined interventions was estimated to prevent a total number of 2307 cases by 19th February, 2020 (Figure 2).

In a sensitivity analysis we modified the R_0 to 3.7 (and consequently β to 0.37) as this has been reported the average basic reproduction number from studies of COVID-19 in China.⁹ However, from

our simulation, even in the absence of any intervention, such a low R_0 cannot explain the rapid growth of incident cases on the cruise ship (Figure 3). This sensitivity scenario excluded countermeasures from the model making it unrealistic that such a low R_0 value could be the true value in the cruise ship situation with confined spaces and high homogeneous mixing of the same persons. The estimate with the lower R_0 value also omitted to consider the strong interventions put into place, making it even more unrealistic.

We additionally modeled a scenario stratified by crew and guests whereby we assumed the parameter values of transmission risk to be lower for crew to guest than for guest to crew (Table 1). The predicted cumulative number of infected crew and guests by 19th of February from this model was 168 out of 1000 (16.8%) and 464 out of 2700 (17.2%), respectively (Figure 4). The total number of cumulative cases by 19th of February predicted from this model was 632, close to the observed number of cases of 619. The predicted cumulative incidence rates were overestimated for crew while underestimated for guests based on available tests results at the time of writing (Figure 4). These data still need to be validated against the empiric data of test results in all crew and passengers which should soon become available.

Instead of keeping all passengers on board, another option would have been to evacuate all individuals onboard the cruise ship earlier, and allow them to go home for a potential quarantine in their respective home countries. We modeled that an evacuation by 3rd February, 2020, would have resulted in 76 latent cases (cases during the incubation time), while an evacuation by 19th February would have resulted in 246 latent cases.

Discussion:

Modelling the COVID-19 on-board outbreak reveals important insights into the epidemic risk and effectiveness of public health measures. We found that the reproductive number of COVID-19 in the cruise ship situation of 3,700 persons confined to a limited space was around 4 times higher than in the epicenter in Wuhan, where R_0 was estimated to have a mean of 3.7.⁹ Interestingly, a rough estimation of the population per square km on this 18-deck ship is 286 by 62 meters (0.32 km²). Assuming that only 50% of decks are being used, approximately 24,400 persons are confined per km² on a ship compared to approximately 6000 persons per km² (9,000,000/1528) in urban Wuhan. This means that the population density was about 4 times higher on the cruise ship. Thus, both R_0 and contact rate are dependent on population density, as also suggested by previous research.²¹ In population-based models on observational data the population per square km is often substantially different, affecting the R_0 and β coefficient implicitly by changes in the contact rate expressed as:

$$\frac{R_0}{i} = \text{Transmissibility} * \text{contact rate}$$

The local estimate of R_0 can be divided into a localized contact rate and a multiplier that is necessary for moving from one population to another:

$\text{contact rate} = \text{contact rate}_{\text{localized}} * pd$, where pd is the population density multiplier. In our case it was approximated to 4. Here the contact rate is relating to a contact rate in a defined population in a certain area and the population density multiplier modifies the contact rate when moving across different local population and geographical areas representing heterogeneity in population density. In the case of the cruise ship, the potential relationship of R_0 to population density appear thus mainly be attributed to the contact rate and mixing effects. This information is also important for other settings characterized by high population densities.

With such a high R_0 , we estimated that without any interventions within the time period of 21st January to 19th February 2020 out of the 3700 (79%) would have been infected, assuming relatively homogenous mixing between all people on board.

The quarantine and removal interventions launched when the outbreak was confirmed (3rd February and 5th of February) substantially lowered the contact rate and reduced the cumulative case burden by an estimated 2307 cases by 19th February. We note, however, that the longer time span of simulation beyond 19th February, assuming people would stay on the boat, would reduce the net effect of the intervention substantially. We further note that an earlier evacuation would have corresponded to disembarking a substantially lower number of latent undetectable infections (76 vs. 246), likely giving rise to some further transmission outside the ship.

We also found that contact rate of guest to guest and crew appeared higher than the contact rate from guest to crew, perhaps driven by high transmission rates within cabins. However, testing of crew was delayed, and there was a testing bias towards testing more passengers than crew. Hence our access to empiric data may have and this analysis need to be revisited when all data is available.

The limitations of our study include our lack of data on the lag time between onset of symptoms, the timing of testing and potential delay to the availability of test results. Due to the large number of people, not everyone was tested, and we suspect that the timing of the test results do not totally tally with real-time onset of cases. We had no access to data on incident cases in crew versus passengers, nor any data on whether there was clustering of cases around certain nationalities or crew members. Furthermore, although the Hong Kong passenger was assumed to be the index case, it could well have been possible that there was more than one index case on board who could have contributed to transmission, and this would have lowered our estimated R_0 . Lastly, our models are based on human-

to-human transmission and do not take into account the possibility that fomites, or water systems with infected feces, contributed to the outbreak.

The interventions that included the removal of all persons with confirmed COVID-19 disease combined with the quarantine of all passengers substantially reduced the anticipated number of new COVID-19 cases compared to a scenario without any interventions (17% attack rate with intervention versus 79% without intervention) and thus prevented a total number of 2307 additional cases by 19th February. However, the main conclusion from our modelling is that evacuating all passengers and crew early on in the outbreak would have prevented many more passengers and crew members from getting infected. A scenario of early evacuation at the time of first detection of the outbreak (3 February) would have resulted in only 76 latent infected persons during the incubation time (with potentially still negative tests). A late evacuation by 19th February would have resulted in about 246 infected persons during their incubation time. These data need to be confirmed by empiric data of testing all evacuated persons after 19th February, and may be an overestimate as we assumed a stable R_0 after quarantine was instituted. However, the R_0 probably declined over time, as the implementation of quarantine measures were incrementally implemented leading to better quarantine standards towards the end of the quarantine period.

In conclusion, the cruise ship conditions clearly amplified an already highly transmissible disease. R_0 is related to population density, and is particularly driven by contact rate and mixing effects, and this explains the high R_0 in the first weeks before countermeasures were initiated. Population densities and mixing need to be taken into account in future modeling of the COVID-19 outbreak in different settings. Early evacuation of all passengers on a cruise ship- a situation with confined spaces and high intermixing- is recommended as soon as an outbreak of COVID-19 is confirmed.

Author contributions: JR and AWS conceived the study. JR developed the model and run the analysis. HS advised on model development, and helped with the figures. AWS advised on model parameters. All authors wrote the final manuscript.

Funding: None

Declaration of interest: none declared.

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Table 1. Model parameter description and values. Start time ($t = 0$) the 20 th of January.		
Parameters	Explanation (unit)	Estimated to
β	Overall transmissibility and contact rate (1/day)	1.48 if $t < 14$ 0.44 if $t \geq 14$
l	Incubation period (days)	5 days
i	Infectious period or time to removal (days)	10 if $t < 16$ 4 if $t \geq 16$
N	Total number of people onboard (persons)	3700
β_c	Transmissibility and contact rate crew (1/day)	1.15 if $t < 14$ 0.35 if $t \geq 14$
β_{gg}	Transmissibility and contact rate guests to guests (1/day)	1.15 if $t < 14$ 0.35 if $t \geq 14$
β_{gc}	Transmissibility and contact rate guests to crew (1/day)	0.17 if $t < 14$ 0.05 if $t \geq 14$
N_g	Total number of guests onboard (persons)	2700
N_c	Total number of crew onboard (persons)	1000

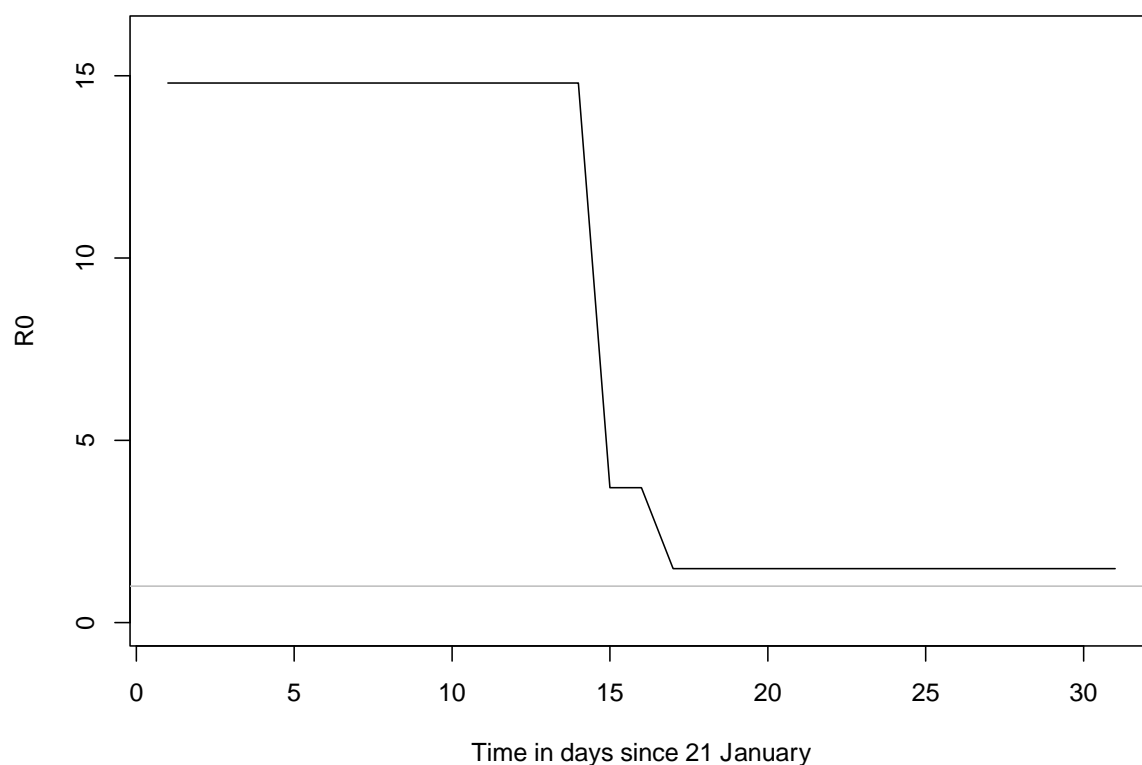


Figure 1. The estimated basic reproduction number, R_0 , on the cruise ship and its change over time as a result of the transient interventions of quarantine and removal of infectious cases. The R_0 given here assumes one index case in a totally naïve population, although that is not the case on the ship, we use it here to illustrate how the R_0 is sensitive to the interventions, but still substantially large to fuel a continuation of the epidemic. The grey line indicates $R_0 = 1$.

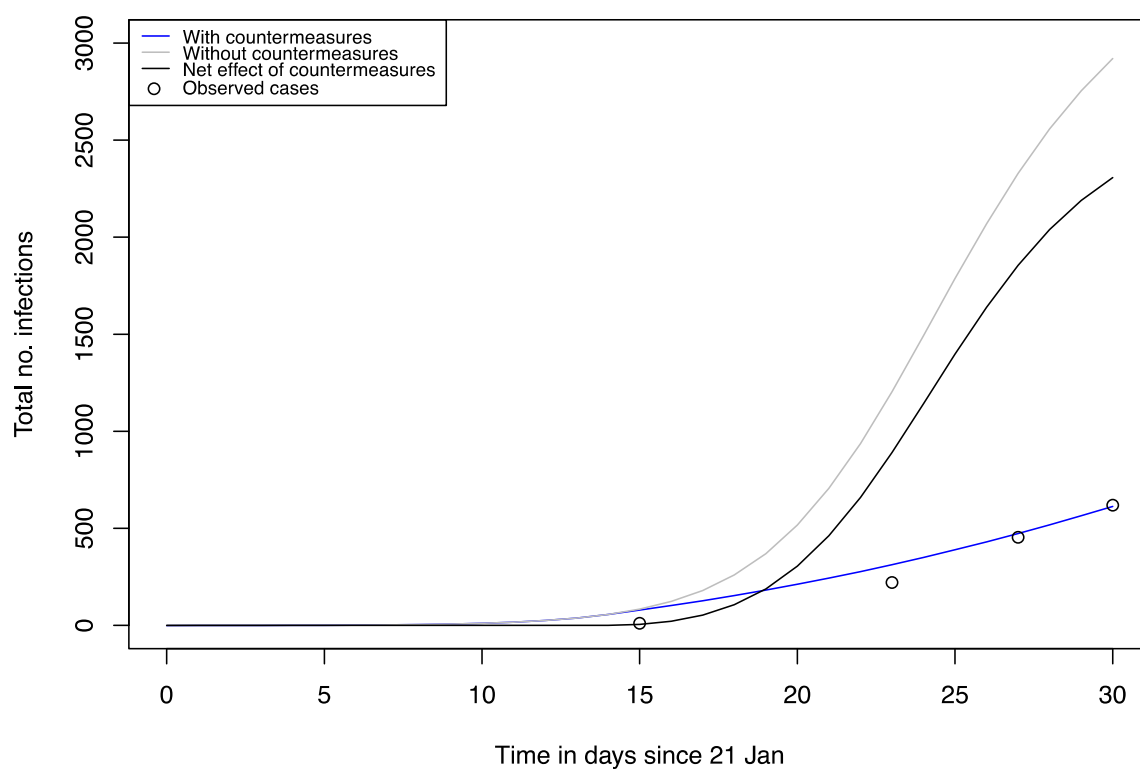


Figure 2. Predicted total number of infections using model 1 (no stratification) for the realistic situation with interventions (blue), counterfactual scenario without intervention (grey) and the net effect of the interventions (black).

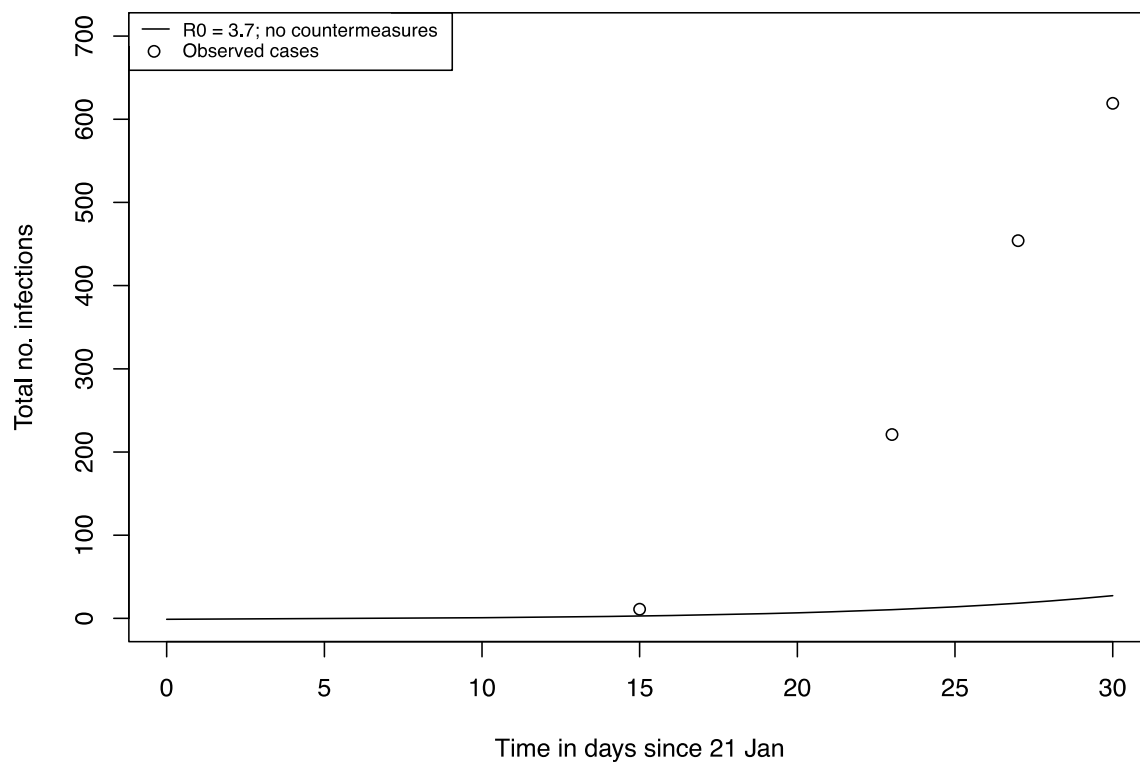


Figure 3. Sensitivity analysis: predicting total number of infections using a model without interventions with R_0 set to 3.7 with index case 21th January (bottom). Observed reports of cumulative cases are marked as "o".

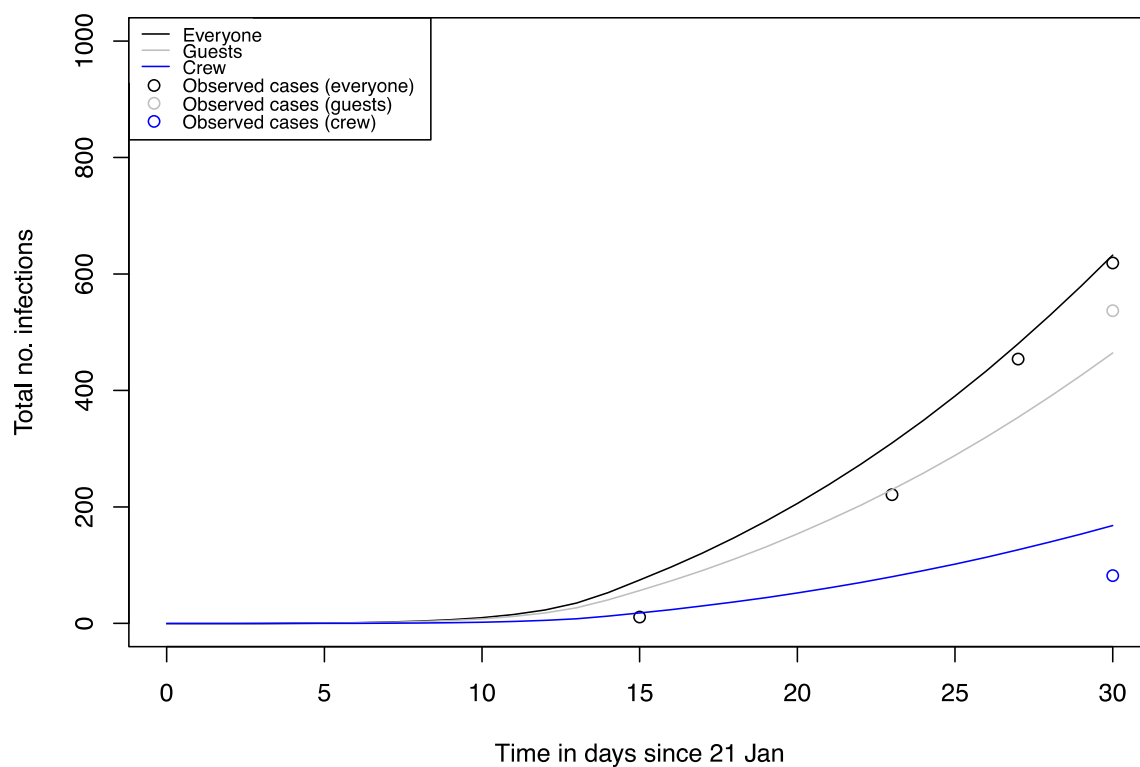


Figure 4. Predicted total number of infections using a model stratified into crew and guest for the realistic situation with interventions. Total population onboard (black), guests (grey), crew (blue). Observed total case numbers of total (black), crew (blue) and guest (grey) are marked as "o".



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COVID-19 Shipboard Considerations

1.) If there is a COVID-19 outbreak on a ship, what is the expected attack rate (i.e. what % of the crew do we think will get infected)?

In a shipboard population, with the assumption of only one member of the ship crew infected and all others susceptible, the table below displays the estimated proportion of the crew that will be infected at points in time (days). Additionally, this projection assumes that no preventive measure are taken.

Day	Only 1 ship crew personnel initially infected			
	Population: 150	Population: 300	Population: 1,000	Population: 5,000
7	3%	1%	<0%	<0%
14	14%	8%	2%	<0%
21	41%	29%	12%	3%
28	49%	50%	38%	13%
35	36%	42%	49%	39%
42	23%	28%	37%	49%

Note: The model was generated using the SIR model for epidemics.

2.) How long do we think they will be down?

The duration of illness (defined as the number of days that corresponds to a proportion of people infected) differs conditional on the population size of the ship and assuming that no public health intervention is applied. Using the SIR model, as the population size onboard the ship increases the proportion of people who become infected over time decreases. For instance, for a ship with 150 personnel, if a Commander decides that the ship is no longer functional when 20% of the ship's crew is ill, the ship becomes non-functional at day 16, and subsequently recovers functionality at day 44, or a total of 28 days. (Please see 'Shipboard Population 150' graph, below).

Assumptions:

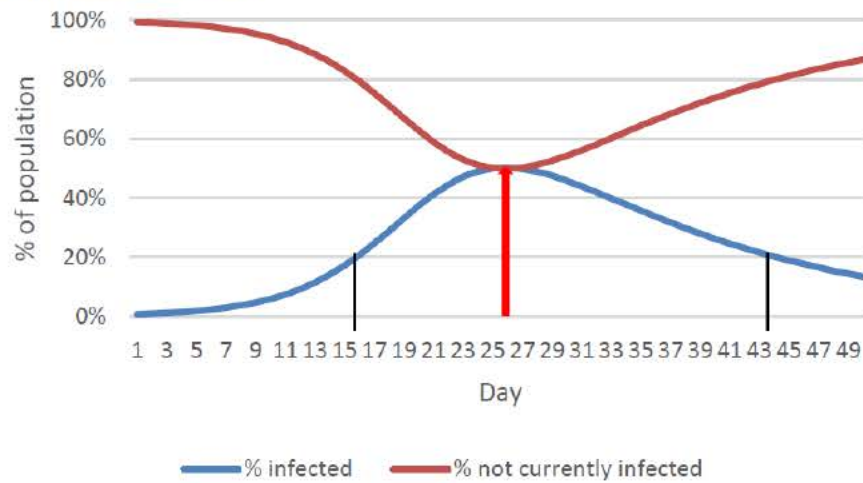
- The R-naught (R_0) represents the number of people infected by a person sick with the virus; this model assumes an R_0 of 5 people ($R_0=5$).
 - On average, the R_0 for COVID-19 ranges from 2.5 to 5.
 - A higher R_0 is used given the close quarters on a ship and higher likelihood of transmission.
- An individual is infectious for 14 days. (<https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf>)
- No control measures are implemented.



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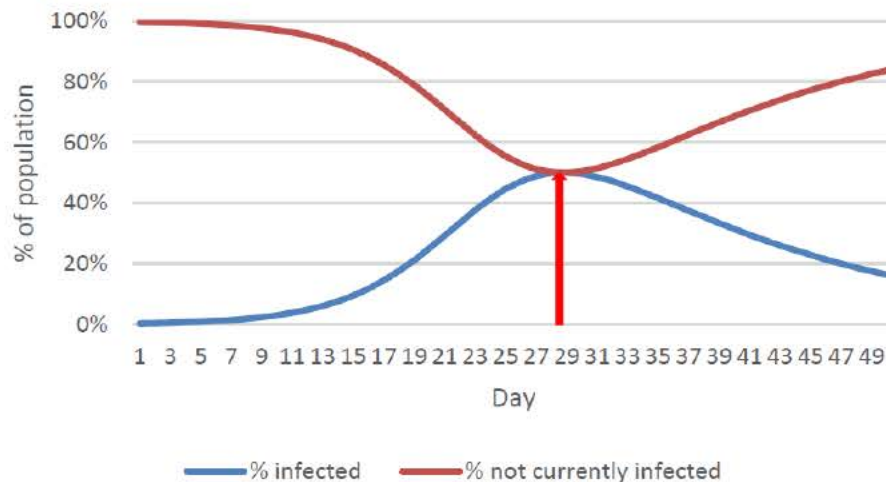
PREVENTION AND PROTECTION START HERE

Shipboard Population: 150



- The peak represents the interception where the maximum number of people are infected and more people recovered (day 25).
- Lines in the above graph indicate day 16 (20% infected) and day 44 (20% infected)

Shipboard Population: 300



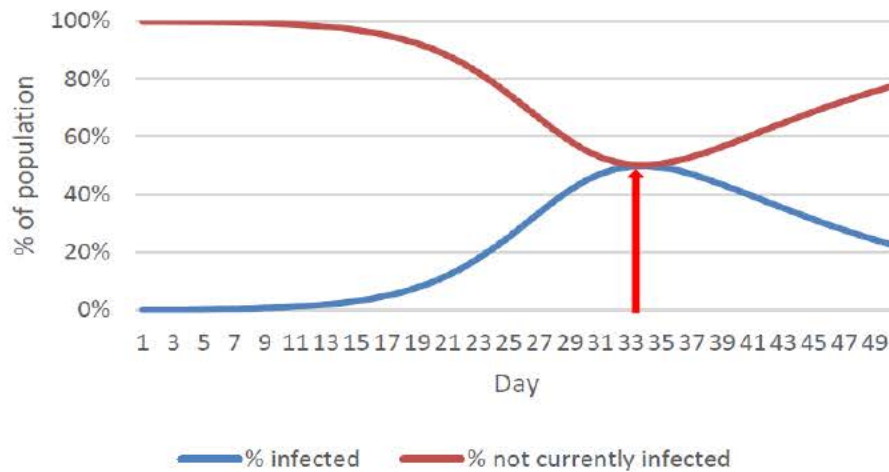
- The peak represents the interception where the maximum number of people are infected and more people recovered (day 28).



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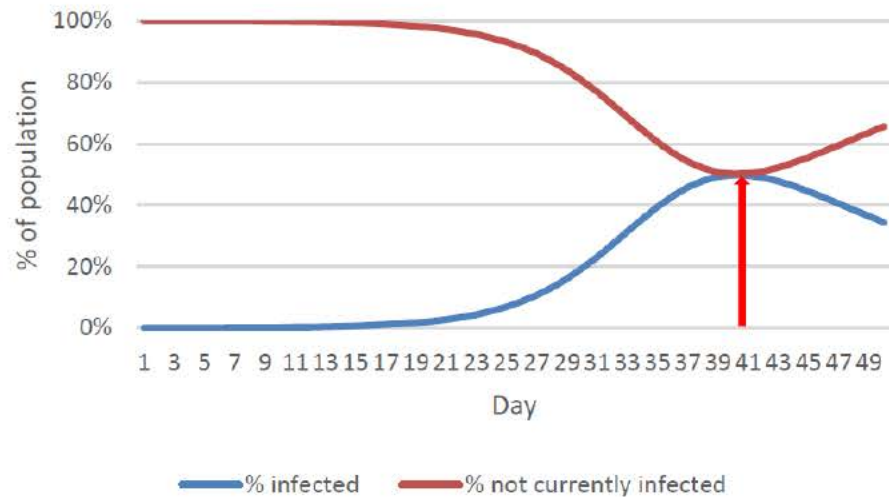
PREVENTION AND PROTECTION START HERE

Shipboard Population: 1,000



- The peak represents the interception where the maximum number of people are infected and more people recovered (day 33).

Shipboard Population: 5,000



- The peak represents the interception where the maximum number of people are infected and more people recovered (day 40).



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3.) What are the triggers for ordering a ship into enclave?

Assuming 'enclave' means 'quarantine', it is not recommended that a ship be quarantined should a COVID-19 case be discovered aboard. Rather, home isolation and self-quarantine is recommended. Should the ship be underway, it is recommended that disease mitigation processes be implemented as per Guidance for Underway Evaluation and Management of 2019 Novel Coronavirus (available through NMCPHC website COVID-19 toolbox at:

<https://esportal.med.navy.mil/sites/nmcphc/pps/wppc19/COVID-19-Toolbox.aspx>).

¹Lauer, S., Grantz, K., Bi, Q., Jones, F., Zheng, Q., Meredith, H., ... & Lessler, J. (2020). The Incubation Period of Coronavirus Disease 2019 (COVID-19) From Publicly Reported Confirmed Cases: Estimation and Application. *Annals of Internal Medicine*.

From: (b) (6) [CIV.USN](#)
To: [ALL HANDS](#)
Subject: Gym's Secured
Date: Sunday, March 29, 2020 11:09:13 PM

Hello Rough Riders,

All the Gym's on the TR are currently secured until further notice. The Pier "Gym" will be reorganized and opened at the earliest opportunity today. We apologize for any inconvenience. Thank you.

v/r

(b) (6)
Afloat Rec Specialist "Funboss"
USS Theodore Roosevelt (CVN-71)
(b) (6) @cvn71 navy mil
(b) (6) @gmail.com
w.cell: (b) (6)
Jdial: (b) (6)
brick: (b) (6)

UNCLASSIFIED//

ROUTINE

R 272107Z MAR 20 MID110000530450U

FM CNO WASHINGTON DC

TO NAVADMIN

INFO CNO WASHINGTON DC

BT
UNCLAS

NAVADMIN 092/20

PASS TO OFFICE CODES:

FM CNO WASHINGTON DC//N1//

INFO CNO WASHINGTON DC//N1//

MSGID/GENADMIN/CNO WASHINGTON DC/N1/MAR//

SUBJ/URINALYSIS POLICY UPDATE//

REF/A/DOC/N1/4JUN09//

REF/B/WEBPAGE/CDC//

NARR/ REF A IS OPNAVINST 5350.4D, NAVY ALCOHOL AND DRUG ABUSE PREVENTION AND CONTROL. REF B IS CENTER FOR DISEASE CONTROL (CDC) COVID-19 HOW TO PROTECT YOURSELF AVAILABLE AT [HTTPS://WWW.CDC.GOV/CORONAVIRUS/2019-NCOV/PREPARE/PREVENTION.HTML](https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html) //

RMKS/1. This NAVADMIN announces a temporary amendment to the Navy urinalysis program to minimize Sailor exposure to Coronavirus-19 (COVID-19) and adhere to social distancing requirements.

2. Commands will continue random urinalysis specimen collection from Sailors during the COVID-19 pandemic to the greatest extent possible. Commanders and Commanding Officers may pause collection and/or reduce collection percentages and numbers of days collected if he/she deems it necessary to support maximum operational flexibility and/or COVID-19 mitigation efforts.

a. Drug testing shall be conducted with no more than 10 people, including the urinalysis program coordinator (UPC) and observer, gathering for testing in one place at one time while maintaining social distancing of six feet at all times while continuing to follow all collection procedures outlined in reference (a).

b. All command-directed, probable cause, mishap investigations and rehabilitation testing will continue in accordance with reference (a).

c. Commands shall not recall individuals who are sick, restricted in movement (ROM), quarantined or self-monitoring and should not recall individuals who are teleworking or in a non duty status to provide a drug testing specimen.

d. Navy Drug Screening Laboratories (NDSL) will continue to operate and test these specimens.

3. Sailors assigned to non-Navy activities will follow the policy of those activities.

4. As a result of this temporary policy change, the requirement in paragraph 6.a., enclosure (2) of reference (a) to provide their

H-3-88

echelon 3 commander with the reason for failing to comply with reference (a) is suspended until further notice.

5. Care must continue to be taken when conducting random urinalysis collections. According to the Centers for Disease Control (CDC), it is not known whether non-respiratory body fluids such as urine can contain the virus. The CDC indicates interpersonal contact continues to present the greatest risk of COVID-19 exposure. Please adhere to the following processes to mitigate risks to exposure during urinalysis collections in line with reference (b).

a. All urinalysis specimen collection testing shall comply with all current OPNAV policies and CDC Health Guidance.

b. All participants must engage in safe hygiene practices, including hand washing, maintaining the six feet social distancing requirement, and refraining from touching their face.

c. Administrators shall wipe down all surfaces contacted (after each contact) throughout collection to include tables and door handles.

d. UPCs will not handle a specimen bottle after it has been in the possession/control of the Sailor. Sailors providing a specimen will tighten the lids securely to avoid cross contamination, adhere labels, affix security tape on the specimen bottle and place their specimen bottle in a secondary container with absorbent materials under the observation and direction of the UPC. Sailors should use their own pen to sign and initial during the process. Additionally, UPCs should not handle the military identification card of the Sailor.

e. Sailors, UPCs and observers must avoid personal touch and wash their hands after any contact during this process. All must avoid the exchange of personal items (i.e., identification cards, pens, etc.).

6. For additional information or questions, the urinalysis program point of contact is Ms. LaNorfeia Parker, OPNAV N170D, at (901) 874-4249/DSN 882 or lanorfeia.parker@navy.mil.

7. This NAVADMIN will remain in effect until superseded or canceled, whichever occurs first.

8. Released by Vice Admiral John B. Nowell, Jr, N1.//

BT

#0001

NNNN

UNCLASSIFIED//

From: (b) (6) MA2 USN, USS Theodore Roosevelt
To: HODs; HODs & PAS; DLCPOs; ALL OFFICERS; ALL CHIEFS; E-6 and Below; Yeoman
Subject: R 272107Z MAR 20 CNO WASHINGTON DC URINALYSIS POLICY UPDATE
Date: Sunday, March 29, 2020 2:17:07 AM

Good Morning Rough Riders and Embarked Staff,

We will be continuing urinalysis testing despite COVID-19. Please see the NAVADMIN on the policy update below for instructions on the process we will be following until further notice. To ensure the health and safety of all personnel, the following must be adhered by.

When the urinalysis list comes out for the day, we will be assigning times for each department, please ensure your department reports by their assigned time.

Thank you for your patience during this process. If you have any questions please email myself, MA1 (b) (6) and MAC (b) (6) If your department has individuals that are TAD or quarantined please forward a list ASAP.

CNO WASHINGTON DC NAVADMIN 092/20 message below.

-----OFFICIAL INFORMATION DISPATCH FOLLOWS-----

RTTUZYUW RHOIAAA0001 0872111-UUUU--RHSSSUU.

ZNR UUUUU

R 272107Z MAR 20 MID110000530450U

FM CNO WASHINGTON DC

TO NAVADMIN

INFO CNO WASHINGTON DC

BT

UNCLAS

NAVADMIN 092/20

PASS TO OFFICE CODES:

FM CNO WASHINGTON DC//N1//

INFO CNO WASHINGTON DC//N1//

MSGID/GENADMIN/CNO WASHINGTON DC/N1/MAR//

SUBJ/URINALYSIS POLICY UPDATE//

REF/A/DOC/N1/4JUN09//

REF/B/WEBPAGE/CDC//

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[HTTPS://WWW.CDC.GOV/CORONAVIRUS/2019-NCOV/PREPARE/PREVENTION.HTML](https://www.cdc.gov/coronavirus/2019-NCOV/PREPARE/PREVENTION.HTML) //

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4. As a result of this temporary policy change, the requirement in paragraph 6.a., enclosure (2) of reference (a) to provide their echelon 3 commander with the reason for failing to comply with reference (a) is suspended until further notice.

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d. UPCs will not handle a specimen bottle after it has been in the possession/control of the Sailor. Sailors providing a specimen will tighten the lids securely to avoid cross contamination, adhere labels, affix security tape on the specimen bottle and place their specimen bottle in a secondary container with absorbent materials under the observation and direction of the UPC. Sailors should use their own pen to sign and initial during the process. Additionally, UPCs should not handle the military identification card of the Sailor.

e. Sailors, UPCs and observers must avoid personal touch and wash their hands after any contact during this process. All must avoid the exchange of personal items (i.e., identification cards, pens, etc.).

6. For additional information or questions, the urinalysis program point of contact is Ms. LaNorfeia Parker, OPNAV N170D, at (901) 874-4249/DSN 882 or lanorfeia.parker(at)navy.mil.

7. This NAVADMIN will remain in effect until superseded or canceled, whichever occurs first.

8. Released by Vice Admiral John B. Nowell, Jr, N1.//

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<DmdsSecurity>UNCLASSIFIED//</DmdsSecurity>

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CLASSIFICATION: UNCLASSIFIED//

V/R,

MA2(SW/AW/IW) (b) (6)

Assistant Urinalysis Coordinator

USS Theodore Roosevelt

Security Dept.

J-DIAL: (b) (6)

UNCLASSIFIED//

ROUTINE

R 212007Z MAR 20 MID110000505261U

FM CNO WASHINGTON DC

TO NAVADMIN

INFO SECNAV WASHINGTON DC
CNO WASHINGTON DC

BT

UNCLAS

NAVADMIN 080/20

PASS TO OFFICE CODES:

FM CNO WASHINGTON DC//N1//

INFO SECNAV WASHINGTON DC//CNO//

CNO WASHINGTON DC//N1//

MSGID/NAVADMIN/CNO WASHINGTON DC/CNO/MAR//

SUBJ/NAVY MITIGATION MEASURES IN RESPONSE TO CORONAVIRUS
OUTBREAK UPDATE 3//

REF/A/NAVADMIN/OPNAV/122210ZMAR20//

REF/B/NAVADMIN/OPNAV/142000ZMAR20//

REF/C/NAVADMIN/OPNAV/192309ZMAR20//

REF/D/MEMO/OSD/20MAR2020//

REF/E/OPLAN/NORTHCOM/DOD GCP PI&ID 3551 13/15OCT13//

REF/F/INST/DODI 6200.03/28MAR19//

REF/G/MEMO/OSD/30JAN2020//

REF/H/EXORD/JOINT STAFF J3/012240ZFEB20//

REF/I/MEMO/OSD/07FEB2020//

REF/J/MEMO/OSD/25FEB2020//

REF/K/NAVADMIN/OPNAV/071613ZFEB20//

REF/L/NAVADMIN/OPNAV/112054ZFEB20//

REF/M/NAVADMIN/OPNAV/051456ZMAR20//

REF/N/GENADMIN/JOINT STAFF/051908ZMAR20//

REF/O/MEMO/JOINT STAFF/06MAR2020//

REF/P/MEMO/OSD/10MAR2020//

REF/Q/MEMO/OSD/11MAR2020//

REF/R/ALNAV/SECNAV/025-20//

REF/S/MEMO/OSD/11MAR2020//

REF/T/ALNAV/SECNAV/026-20//

REF/U/MEMO/OSD/13MAR2020//

REF/V/MEMO/SECNAV/21MAR2020//

NARR/REF A IS NAVADMIN 064/20, NAVY MITIGATION MEASURES IN RESPONSE TO CORONAVIRUS OUTBREAK (OVERSEAS). REF B IS NAVADMIN 065/20, NAVY MITIGATION MEASURES IN RESPONSE TO CORONAVIRUS OUTBREAK UPDATE 1 (DOMESTIC). REF C IS NAVY MITIGATION MEASURES IN RESPONSE TO CORONAVIRUS OUTBREAK UPDATE 2. REF D IS MEMO FROM UNDERSECRETARY OF DEFENSE FOR PERSONNEL AND READINESS, AUTHORIZED DEPARTURE INDIVIDUALS AT HIGHER RISK FROM COVID-19. REF E IS DEPARTMENT OF DEFENSE (DOD) GLOBAL CAMPAIGN PLAN FOR PANDEMIC INFLUENZA AND INFECTIOUS DISEASE. REF F IS DODI 6200.03, PUBLIC HEALTH EMERGENCY MANAGEMENT WITHIN THE DOD. REF G IS MEMO FROM UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS PROVIDING FORCE HEALTH PROTECTION GUIDANCE FOR PERSONNEL RETURNING FROM CHINA DURING THE NOVEL CORONAVIRUS (COVID-19) OUTBREAK. REF H IS SECDEF-APPROVED EXORD THAT DIRECTS USNORTHCOM TO EXECUTE ITS PANDEMIC PLAN 3551-13 AND SUPPORTING GEOGRAPHIC COMBATANT COMMANDERS TO EXECUTE THEIR PANDEMIC PLANS IN RESPONSE TO THE NCOV (COVID-19) OUTBREAK. REF I IS SUPPLEMENT 1 TO REF G. REF J IS SUPPLEMENT 2 TO REF G. REF K IS NAVADMIN 033/20, OPNAV REPORTING GUIDANCE SUPPORTING DOD RESPONSE TO THE COVID-19 OUTBREAK. REF L IS NAVADMIN 039/20, UPDATED DOD GUIDANCE FOR MONITORING PERSONNEL RETURNING FROM CHINA DURING THE NOVEL CORONAVIRUS OUTBREAK. REF M IS NAVADMIN 058/20, UPDATED NAVY GUIDANCE DURING THE NOVEL CORONAVIRUS OUTBREAK. REF N IS JOINT STAFF MESSAGE FOR DOD COVID-19 PASSENGER SCREENING GUIDELINES FOR OVERSEAS MILITARY TRANSPORTATION TERMINALS. REF O IS JOINT STAFF FORCE HEALTH PROTECTION GUIDANCE TO MITIGATE THE RISK OF COVID-19 TRANSMISSION. REF P IS MEMO FROM UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS PROVIDING FORCE HEALTH PROTECTION GUIDANCE FOR THE USE OF PERSONAL PROTECTIVE EQUIPMENT AND NON-PHARMACEUTICAL INTERVENTIONS DURING THE CORONAVIRUS DISEASE 2019 OUTBREAK. REF Q IS MEMO FROM UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS PROVIDING FORCE HEALTH PROTECTION GUIDANCE FOR PERSONNEL TRAVELING DURING THE NOVEL CORONAVIRUS OUTBREAK. REF R IS ALNAV 025/20, FORCE HEALTH PROTECTION GUIDANCE FOR THE DEPARTMENT OF NAVY. REF S IS MEMO FROM SECRETARY OF DEFENSE FOR TRAVEL RESTRICTIONS FOR DOD COMPONENTS IN RESPONSE TO CORONAVIRUS DISEASE. REF T IS ALNAV 026/20, OFFICIAL AND PERSONAL DOMESTIC TRAVEL FORCE HEALTH PROTECTION GUIDANCE FOR DEPARTMENT OF THE NAVY (CONUS TRAVEL GUIDANCE). REF U IS MEMO FROM DEPUTY SECRETARY OF DEFENSE FOR STOP MOVEMENT FOR DOMESTIC TRAVEL FOR DOD COMPONENTS IN RESPONSE TO CORONAVIRUS DISEASE 2019. REF V IS ASN (M&RA) MEMO ON AUTHORIZED DEPARTURE INDIVIDUALS AT HIGHER RISK FROM COVID-19.//

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GAYLE.SHAFFER(AT)MED.NAVY.MIL//

RMKS/1. This NAVADMIN supersedes references (a) through (c) and
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consolidates those NAVADMINS into one NAVADMIN for ease of reference. It also adds implementing guidance in paragraph 3.H. for an Authorized Departure (AD) of DoD eligible family members (EFMs) and civilian employees in line with references (d) and (v). This NAVADMIN contains measures to mitigate the spread of COVID-19 throughout the Navy enterprise and amplifies DoD and DoN direction for Service Members and Navy civilians. It summarizes and repeats applicable guidance where appropriate so that this will serve as a one-stop information source. Authorized travelers will adhere to the Force Health Protection Guidelines (FHPG) as detailed throughout references (a) through (v) as summarized in this NAVADMIN, and later guidance.

1.A. Background. The DoD has transitioned to Phase Three (Respond) of reference (e), the global campaign in response to the COVID 19 outbreak. Our workforce is our first line of defense. All hands must proactively take action to ensure the health of our force, and to ensure we mitigate the spread of COVID-19 in order to maintain our readiness. During the COVID-19 outbreak, the DoD and DoN will continue to protect and preserve the operational effectiveness of forces worldwide in accordance with (IAW) references (e) and (f). Utilizing FHPG from the Under Secretary of Defense for Personnel and Readiness (USD (P&R)) provided in references (g) and (q), USNORTHCOM is executing its pandemic plan and geographic combatant commanders are executing their supporting pandemic plans IAW reference (h). In compliance with updated USD (P&R) FHPG issued in references (i) and (j), Office of Chief Naval Operations (OPNAV) published initial reporting guidance supporting DoD response to the COVID-19 outbreak in reference (k) and updated that guidance in references (c), (l), and (m).

1.B. Role of the CDC. As the leading U.S. government Public Health Agency, the CDC continues to assess the risk of COVID 19 and to provide guidance for those residing in the U.S. and traveling abroad. Because CDC guidance is principally tailored for persons residing in the U.S., some CDC COVID-19 guidance may have limited applicability for commanders, particularly those outside the United States, and is not recognized by other sovereign nations. While DoD continues to follow the lead of the CDC, when needed, additional military specific measures are authorized to mitigate risk to U.S. forces stationed or deployed around the world, and to protect Service Members, Navy civilian employees, and their family members. USD (P&R) FHPG issued in reference (q) provides guidance for DoD personnel traveling during the novel coronavirus outbreak.

1.C. CDC Travel Health Advisories. The CDC provides travel health advisories at <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>. The Advisory Levels are noted below and will be referenced in this NAVADMIN (note that CDC warning levels DO NOT apply to the U.S.):

Level 1 Watch, practice usual precautions (risk of limited community transmission)

Level 2 Alert, practice enhanced precautions (sustained (ongoing) community transmission)

Level 3 Warning, avoid nonessential travel (widespread sustained (ongoing) transmission)

1.D. DoN Civilian Guidance. The DoN civilian workforce more than 220,000 strong plays an integral role in supporting our Sailors and building, manning and maintaining our ships, aircraft, and submarines. Working shoulder to shoulder with our Service Members, it is imperative to have alignment between Navy civilian and military COVID 19 policy and guidance. DoN civilian guidance is contained in references (r) and (t) as well as this NAVADMIN.

1.E. Military Health Protection Guidance. The Secretary of Defense (SECDEF) provided explicit FHPG in references (g) and (q) which is more restrictive than CDC guidance. Commanders must read both documents in their entirety and ensure they are following the actions spelled out in this guidance. Local Commanders can be more

restrictive based on Command location, local community transmission, risk to mission and risk to force. Each and every Sailor must ensure they proactively manage and minimize their personal risk to exposure, and that of their families. Commands are charged with ensuring they track and monitor each Sailor and aggressively follow SECDEF guidance in these references.

2. Mission. All commands will take specific actions to mitigate the spread of COVID-19 worldwide and adhere to the policies and reporting requirements contained in this NAVADMIN.

3. Policy. This NAVADMIN applies to all Navy Service Members, Navy civilians, and their families assigned to DoD installations world-wide. In order to maintain force health protection, readiness of the force and mitigate the risk of transmission among personnel, SECDEF directed an OCONUS travel stop movement to affected countries and areas effective 13 Mar 2020 in reference (s). This includes all forms of travel (Permanent Change of Station (PCS), Temporary Duty (TAD/TDY), and government-funded leave). For Service Members this also includes personal leave and other non-official travel. On 13 March 2020 Deputy SECDEF directed a domestic travel stop movement in reference (u). In line with references (t) and (u), which provides domestic travel guidance, all Service Members will stop movement and Navy civilian personnel and family members whose transportation is government funded will also stop movement. The domestic travel stop movement applies to PCS and TAD/TDY, and Service Members are only authorized local leave. Until the domestic travel restrictions prescribed above are lifted, Navy commands may only gain/onboard civilian employees within the local commuting area. The following domestic travel is authorized: (1) Travel by patients and medical providers for the purpose of medical treatment for Navy personnel and their family members (2) Individuals who have already initiated PCS or TDY travel (including intermediate stops) are authorized to continue to their final destination (see paragraphs 3.B. through 3.E. for further amplification) (3) Individuals whose TDY and/or leave ends while this NAVADMIN is in effect are authorized to return to their home station at the end of their TDY and/or leave (see paragraph 3.C. through 3.F. for further amplification) (4) Individuals pending retirement or separation during this period are exempt. This stop movement (both overseas and domestic) will remain in effect until 11 May 2020.

3.A. Permanent Change of Station (PCS) Overseas. Service Members, Navy civilians and dependents under OCONUS PCS orders to locations designated CDC COVID-19 Warning Level 3 or CDC COVID-19 Alert Level 2 will follow the guidance in section 3.A. of this NAVADMIN. Note that CDC warning levels DO NOT apply to CONUS.

3.A.1. PCS orders to or from CDC COVID-19 Warning Level 3 locations for Service Members. Service Members and their dependents under PCS orders to or from a CDC COVID-19 Warning Level 3 location will stop movement. This policy applies to currently designated CDC COVID-19 Warning Level 3 locations, or those designated Level 3 at a later date.

3.A.1.a. Service Members who have detached from their parent command prior to the date of this NAVADMIN and are in transit are directed to contact Navy Personnel Command (NPC) for follow-on guidance per paragraph 5.A. NPC is standing by to address each specific case and will authorize entitlements based on current location and situation.

3.A.1.b. Detaching and gaining commands shall make every effort to contact affected Service Members enroute

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to/from their command to advise them of the contents of this message.

3.A.2. PCS orders to CDC COVID-19 Alert Level 2 locations for Service Members. Service Members under PCS orders to a CDC COVID-19 Alert Level 2 location will execute orders. Dependents of Service Members executing accompanied PCS orders to a CDC COVID-19 Alert Level 2 location will delay travel to the CDC COVID-19 Alert Level 2 location until 11 May 2020. This policy applies to currently designated CDC Alert Level 2 locations and those designated at a later date.

3.A.2.a. Service Members who have detached from their parent command prior to the date of this NAVADMIN and are in transit are directed to contact NPC for follow-on guidance per paragraph 5.A. NPC is standing by to address each specific case and will authorize entitlements based on current location and situation.

3.A.2.b. Detaching and gaining commands shall make every effort to contact affected Service Members enroute to/from their command to advise them of the contents of this message.

3.A.3. PCS orders to or from CDC COVID-19 Warning Level 3 locations for Navy civilians. Navy civilians and their dependents under PCS orders to or from a CDC COVID-19 Warning Level 3 location will stop movement. This policy applies to currently designated CDC COVID-19 Warning Level 3 locations, or those designated Level 3 at a later date. Contact your supervisory chain of command for further guidance.

3.A.4. PCS orders to CDC COVID-19 Alert Level 2 locations for Navy civilians. Navy civilians under PCS orders to a CDC COVID-19 Alert Level 2 location will execute orders. Dependents of Navy civilians executing accompanied PCS orders to a CDC COVID-19 Alert Level 2 location will delay travel to the CDC COVID-19 Alert Level 2 location until 11 May 2020. This policy applies to currently designated CDC Alert Level 2 locations and those designated at a later date. Additionally, until the travel restrictions are lifted Navy civilian hiring actions for positions in Level 2 and Level 3 countries are postponed for non-essential civilian personnel who have not yet begun travel. Contact your supervisory chain of command for further guidance.

3.B. PCS in the United States and its territories. Service Members, Navy civilians and dependents under domestic PCS orders will follow the guidance in section 3.B. of this NAVADMIN.

3.B.1. Navy Civilians. All Department of the Navy civilian employees whose transportation is government funded will stop movement. Navy commands may continue civilian hiring actions, but may only onboard civilian employees in the local commuting area. Contact your supervisory chain of command for further guidance.

3.B.2. Service Members.

3.B.2.a. Service Members who have not yet initiated PCS travel as of the effective date of this NAVADMIN are directed to contact NPC for follow-on guidance per paragraph 5.A. NPC is standing by to address each specific case and will authorize entitlements based on current location and situation.

3.B.2.b. For Service Members who have already initiated PCS travel, detaching and gaining commands shall make every effort to contact those Service Members to advise them of the contents of this message.

3.B.2.c. A local PCS move may be executed without an exception since it does not involve travel outside of the local area. To be clear, same geographic location PCS moves will only be executed with due regard to the operational readiness of the commands involved. Losing and gaining commands are encouraged to coordinate with placement coordinators and detailers in PERS-4 as required. PERS-4 shall adjudicate same geographic location PCS move decisions in situations where losing and gaining commands do not

agree on an execution timeline. This adjudication may be delegated, but no lower than the O-6 Division Director level at PERS-4.

3.C. Other Official Overseas Travel (Meetings, Conferences, Site Visits, etc). All other official travel by Service Members and Navy civilians to or from a country designated as CDC COVID-19 Warning Level 3, is prohibited and will require an exception IAW paragraph 3.G. Navy Reserve personnel will follow guidance promulgated by the Chief of Navy Reserves.

3.D. Other Official Domestic Travel (Meetings, Conferences, Site Visits, etc.). All other official travel by Service Members and Navy civilians in the United States is prohibited and will require an exception IAW paragraph

3.G. Navy Reserve personnel will follow guidance promulgated by the Chief of Navy Reserves.

3.E. Travel for Official Training (Overseas and Domestic).

3.E.1. Service Member and Navy civilian travel to attend formal training will require an exception IAW paragraph 3.G prior to travel, will require advance coordination with the training command and will comply with Navy Component Commander guidance concerning pre- and post- travel medical screening and reception procedures to include restriction of movement (ROM) if applicable.

3.E.2. Service Members and Navy civilians currently under PCS or TAD/TDY orders and attending training and/or schools will complete their current training and/or school. For those on TAD/TDY orders, Service Members and Navy civilians are directed to contact the command that issued the orders for returning instructions/guidance. Navy civilians executing PCS orders are directed to contact the command that issued the orders for further guidance. Service Members executing PCS orders are directed to contact Navy Personnel Command for guidance and potential orders modification. Once the current school/training is complete, Service Members should expect to take one of the following actions: (1) Return to their previous Permanent Duty Station (PDS), (2) Remain at the school/training site if prudent for health protection, (3) If the next school/training is in the same location and the course is still being offered, continue training. Reevaluate after school/training completion, (4) Proceed to the ultimate PDS. Decisions will be based on force health protection considerations. Throughout the process, Service Members should consult with their affected command (current, losing or future) as well as their detailee where applicable.

3.F. Personal Leave and Liberty (overseas and domestic). Commanding Officers (CO) and officers in charge may authorize local leave IAW command policy for Service Members. Leave or personal travel outside of the local area, as defined by Commanding Officers and officers in charge, requires an exception as outlined in paragraph 3.G. For those Service Members currently on leave, COs or officers in charge are delegated authority to terminate leave early or allow completion of leave as authorized based on location, duration and risk to Service Member. For Navy civilians, approval or denial of civilian annual leave requests will be based on mission requirements. While intended travel outside the local commuting area may be considered in determining impact to mission requirements, leave requests for Navy civilians cannot be denied solely because an employee is travelling outside of the local commuting area. In line with reference (t) paragraph 3(b), Navy civilian employees are strongly encouraged to avoid personal leave outside of the local area.

3.G. Exceptions.

3.G.1. Individuals pending retirement or separation within the next 60 days are exempt from this stop movement.

3.G.2. Commanding officers and officers in charge may request an exception to paragraphs 3.A. through 3.F. in the following cases: (1) determined to be mission essential, (2)

necessary for humanitarian reasons, or (3) warranted due to extreme hardship. Mission-essential travel refers to work that must be performed to ensure the continued operations of mission essential functions, as determined by the local Commander.

3.G.2.a. Navy Personnel Command (PERS-4) is authorized to approve or deny stop movement exceptions for Service Member PCS travel in paragraphs 3.A., 3.B., and 3.E.2. Approvals of exception requests shall be made via message traffic to all concerned and will specify whether dependents are authorized to accompany the Service Member. Detaching Commander endorsement is required. Upon receipt of an approved exception, Transaction Service Center or Personnel Support Detachment/personnel offices will process the Service Member for transfer to the gaining command. Send all exception requests to pers451(at)navy.mil with the subject line PCS EXCEPTION REQUEST. Exception request formats will be provided by PERS-4 and posted on MyNavy Portal. Service Members who are granted an exception and are traveling from a CDC COVID-19 Warning Level 3 or Alert Level 2 location will receive guidance from NPC concerning Navy Component Commander pre- and post- travel medical screening and reception procedures to include ROM.

3.G.2.b. Authority to approve or deny stop movement exceptions for Service Members in the case of: (1) Official travel in paragraph 3.C. and 3.D., and (2) Official training, not associated with a PCS, in paragraph 3.E., and (3) Leave requests that include travel outside of the local area in paragraph 3.F, is delegated to the echelon 2 commander. The echelon 2 commander may further delegate exception authority, but no lower than the first flag officer or Senior Executive Service (SES) in the chain of command of the Service Member. Those who are granted an exception will comply with the echelon 2 guidance concerning pre- and post- travel screening and reception procedures.

3.G.2.c. Exceptions for PCS of Navy civilians. Authority to approve or deny exceptions of the PCS of Navy civilians from outside the local commuting area in paragraphs 3.A. and 3.B is delegated to the echelon 2 commander. The echelon 2 commander may further delegate exception authority, but no lower than the first flag officer or SES in the chain of command of the command or activity performing the hiring action. Those who are granted an exception will comply with the echelon 2 guidance concerning pre- and post- travel screening and reception procedures.

3.G.2.d. Authority to approve or deny stop movement exceptions for Navy civilians in the case of: (1) Official travel in paragraph 3.C. and 3.D. and (2) Official training, not associated with a PCS, in paragraph 3.E. is delegated to the echelon 2 commander. The echelon 2 commander may further delegate exception authority, but no lower than the first flag officer or SES in the Service Member or Navy civilian employee chain of command. Those who are granted an exception will comply with the echelon 2 guidance concerning pre- and post- travel screening and reception procedures.

3.H. Authorized Departure.

3.H.1. The Office of the Under Secretary of Defense (Personnel and Readiness) has announced an Authorized Departure (AD) as outlined in reference (d). In line with reference (v), Navy Service Member eligible family members (EFMs) and Department of the Navy civilian employees who have determined they are at higher risk of a poor health outcome if exposed to COVID-19 or who have requested departure based on a commensurate justification in foreign areas as well as a civilian employee and/or other eligible family members who may need to accompany them - are authorized to depart their current duty station. DoN civilian employees who wish to depart their duty station must consult with their chain of command.

3.H.2. The designated safe-haven for departing Service Member eligible family members is the contiguous United States (US). The designated safe-haven for departing DoN civilian employees is Arlington, Virginia. Members should work with their commands and

local travel office to arrange for transportation to their safe-haven. Authorized departures are only permitted when appropriate transportation and reception procedures are in place consistent with reference (s). Travelers should be aware that preventative health measures to include restricted movement and business closures have been implemented in the United States to various degrees by federal, state and local governments. Travelers shall be advised to check the restrictions applicable to their situation, based on their departure location, any enroute locations (foreign and in the United States) and their ultimate safe-haven, as well as availability of lodging, prior to commencing travel. IAW the Joint Travel Regulations (JTR), chapter 6, dependents must designate their specific safe haven location in the United States upon, or prior to, entry to the United States. Once designated, the specific safe-haven cannot be changed. Dependents of uniformed personnel will be processed for safe-haven allowances IAW with the JTR, Chapter 6, paragraph 0602. DoN civilian employees and their eligible family members will be processed for allowances IAW with the JTR, Chapter 6, paragraph 0604.

3.H.3. It is strongly recommended that eligible family members and civilian employees after traveling to, through and from a location with a Center for Disease Control Travel Health Notice for COVID-19 take the following measure for the next 14 days: (a) Implement self-observations for symptoms of fever, cough or difficulty breathing (b) Implement social distancing, e.g., remain out of congregate settings, avoid mass gatherings, and maintain 6 feet distance from others when possible (c) If individuals feel feverish or develop measured fever, cough, or difficulty breathing, immediately self-isolate, limit contact with others, and seek advice by telephone from the appropriate healthcare provider to determine whether medical evaluation is required,.

3.H.4. The following provides general information for Service Member eligible family members regarding allowances. Members are advised that the impact of this authorized departure on their specific allowances is highly dependent on member individual circumstances. For questions regarding specific allowances, members should contact their nearest Personnel Support Detachment or My Navy Career Center (MNCC) or consult the JTR, chapter 6.

3.H.4.a. Per diem: Transportation expenses and travel per diem are authorized from the time the family departs the evacuation site, through the time they reach their selected safe haven location in the continental United States including processing time at both the evacuation and receiving site. A non-command sponsored dependent is only authorized transportation and per diem. Other allowances will not be paid.

3.H.4.b. Escort allowances: Travel and transportation allowances are also payable to a member, a U.S. government civilian employee, or a person who travels under an official travel authorization/order as an escort for an evacuated dependent who is incapable of traveling alone to the safe haven due to age, physical or mental incapacity, or other extraordinary circumstances.

3.H.4.c. Household goods (HHG)/shipping allowance: upon a dependent departing for a safe haven, unaccompanied baggage (for the dependent), and HHG items as needed for dependent comfort and well-being, may be transported at government expense.

3.H.4.d. POV: Transportation of a POV at government expense to a safe haven is not authorized.

3.H.4.e. Pets: A member is authorized transportation to the safe haven location incident to an evacuation from a foreign PDS for up to two household pets (defined by JTR 060204 as a cat or dog), which the member owned at the evacuated foreign PDS (to include quarantine fees).

3.H.4.f. Housing allowance: A member, whose

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command sponsored dependents are evacuated and who was authorized a with dependent housing allowance on the evacuation date, continues to be paid such allowance while the members PDS remains unchanged and the member continues to maintain private sector housing, as long as the command-sponsored dependents are receiving evacuation allowances.

3.H.4.g. Family separation allowance (FSA): A member is entitled to FSA if a member has a dependent depart an overseas duty station at government expense because of an evacuation and begins on the 31st day of dependent departure from the PDS.

3.H.5. The above listed allowances are not all inclusive and may not be applicable in all cases. Members are encouraged to contact the MNCC to obtain information specific to their circumstances. Receipts/records pertaining to evacuation should be retained.

3.I. Actions upon return from a CDC COVID-19 Alert Level 2 or higher location or if in close contact with a confirmed COVID-19 infection.

3.I.1. Service Members who travel or have traveled in the prior 14 days to or through a CDC COVID-19 Warning Level 3 or Alert Level 2 location will immediately notify their chain of command and be placed in a 14 day ROM status. Immediate supervisors will not require Service Members to report to their duty location or otherwise disregard the ROM. Service Members will comply with reference (q) and Navy Component Commander guidance concerning pre- and post- travel medical screening and reception procedures to include ROM. Commanders may, pursuant to DoD and Navy regulations and policies, authorize telework opportunities, permissive TAD/TDY or work from home as necessary.

3.I.2. Service Members who have had close contact with someone with a confirmed COVID-19 infection and feel sick with a fever, cough or difficulty breathing shall:

3.I.2.a. Inform their Senior Medical Department Representative immediately.

3.I.2.b. Seek medical care immediately. Before going to the office of a doctor or emergency room, call ahead to provide recent travel locations and symptoms.

3.I.2.c. Avoid contact with others.

3.I.2.d. Stay home except to get medical care.

3.I.2.e. Cover mouth and nose with tissue or sleeve (not hands) when coughing or sneezing.

3.J. Holding Conferences. All Navy personnel shall maximize the conduct of virtual conferences, meetings and classes to the fullest extent. Holding conferences are strongly discouraged and must be approved by a Navy Component Commander, Deputy Fleet Commander, Task Force Commander or Navy Region Commander charged with hosting the conference.

3.K. General Health Guidance. Compliance with CDC guidance is critical to minimize the spread of COVID-19. All personnel shall:

3.K.1. Wash hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, and after blowing your nose, coughing or sneezing. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60 percent alcohol. Always wash hands with soap and water if hands are visibly dirty.

3.K.2. Avoid close contact with people who are sick.

3.K.3. Avoid touching your eyes, nose and mouth.

3.K.4. Stay home when you are sick.

3.K.5. Cover your cough or sneeze with a tissue, then throw the tissue in the trash.

3.K.6. Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.

3.K.7. Maximize open doors within area with equivalent classification levels.

3.K.8. Minimize meetings of more than five persons.

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3.K.9. Practice social distancing.

3.K.10. Minimize attendance at large group gatherings outside of the workplace (for example shopping malls and restaurants with large attendance).

3.L. Supplemental Guidance for Commanders.

3.L.1. IAW reference (q), Commanders should identify and track all Service Members who travel or have a history of travel in the prior 14 days. This includes travel by military or commercial means as well as private conveyance and includes all forms of travel to include PCS, temporary duty and leave. Commanders shall ensure Service Members implement the following actions for the next 14 days:

3.L.1.a. Implement self-observation, i.e., take temperature twice a day and remain alert for fever (>100.4 degrees F or 38 degrees C) and remain alert for fever, cough or difficulty breathing.

3.L.1.b. To the extent possible implement social distancing, i.e., remain out of congregate settings, avoid mass gatherings and maintain 6 feet or 2 meter distance from others when possible.

3.L.1.c. If individuals feel feverish or develop measured fever, cough or difficulty breathing, immediately self-isolate, limit contact with others and seek advice by telephone from the appropriate healthcare provider to determine whether medical evaluation is required.

3.L.2. Commanders will adhere to DoD guidance for personnel traveling during the novel coronavirus outbreak per reference (q) to include COVID-19 screening at overseas military transportation terminals per reference (n). Commanders will review the supplemental risk-based measures and observe the operational risk level mitigation actions for COVID-19 outlined in reference (f).

3.L.3. For individuals traveling OCONUS to OCONUS, Commanders will ensure travel is mission essential and follow the guidance listing in reference (s) if compelling exceptions are necessary. Military air crew are exempt from the requirements in this NAVADMIN, but will ensure they actively practice social distancing and prudent measures to mitigate potential contact and COVID-19 transmission.

3.L.4. Commanders will comply with status of forces agreements when applicable.

3.L.5. Consider measures to place mission essential shore staffs on alternating day or split shift rotations.

3.L.6. Use maximum latitude to authorize telework, liberal leave, permissive TDY as necessary to minimize spread within your teams.

3.L.7. Implement social distancing techniques for any meetings you conduct.

3.L.8. Ensure the health of your force by conducting regular screenings and restrict movement of those potentially infected with COVID-19.

3.M. Entitlements. Changes to entitlements associated with a ROM have been approved and put in place by DoD. The entitlements include, but are not limited to per diem for Service Members and dependents directed to ROM after arrival at a duty station after a PCS move and the implementation of Hardship Duty Pay (HDP) ROM for members who incur unreimbursed lodging expenses when directed to ROM at their PDS. Additionally, the Pay and Personnel Management Branch (PERS-2) has released Pay and Personnel Information Bulletin (PPIB) 20-5 and 20-6 which provided Navy Pay Offices with information regarding recent JTR changes regarding self-isolation and establishment of HDP-ROM. Eligibility for entitlements varies based on individual circumstances. If you have questions about entitlements, please contact the MyNavy career center (1-833-330-

6622) or via e-mail at askmncc(at)navy.mil.

4. Regular Reporting. For CONUS commands, ensure your points of contact (POC) submit accurate and timely COVID-19 daily reports and CCIRs to USFFC, with an information copy to the local installation commander, for consolidation and subsequent reporting to OPNAV. For OCONUS commands, ensure your POCs submit accurate and timely COVID 19 daily reports and CCIRs to the Navy Component Command/echelon 2 command, with an information copy to the local installation commander, for consolidation and subsequent reporting to OPNAV. Given potential rapid escalation of case numbers and impact on readiness, additional reporting is required. Navy commands will report the following through their chain of command and via OPREP where appropriate:

4.A. COVID 19 daily reports. COVID 19 Case Information broken out by Active-Duty, DON Civilian, Military Family Members and Navy Contractors as follows:

4.A.1. Active-Duty: Total Persons Under Investigation (PUI)/Positive Cases/Positive Cases in Home Isolation/Positive Cases in Hospital/Positive Cases Recovering Post-Hospitalization/Positive Cases Returned to Work/Deaths,

4.A.2. DoN Civilian: Total PUI/Total Positive Cases/Positive Cases in Home Isolation/Positive Cases in Hospital/Positive Cases Recovering Post-Hospitalization/Positive Cases Returned to Work/Deaths,

4.A.3. Family Members: Total PUI/Total Positive Cases/Positive Cases in Home Isolation/Positive Cases in Hospital/Positive Cases Recovering Post-Hospitalization/Deaths,

4.A.4. DoN Contractors: Total PUI/Total Positive Cases/Positive Cases in Home Isolation/Positive Cases in Hospital/Positive Cases Recovering Post Hospitalization/Deaths.

4.B. CCIRs. For COVID-19 Active-Duty Service Members and Navy civilians only (in accordance with HIPAA and the Privacy Act):

4.B.1. Date individual identified as infected

4.B.2. Date individual admitted to hospital (if applicable)

4.B.3. Is individual in ICU?

4.B.4. Is individual on a ventilator?

4.B.5. Date individual is discharged

4.B.6. Date individual recovers

4.C. The death of a Navy Service Member, Navy civilian, Navy contractor, or family member due to COVID-19.

4.D. Any shortage of medical personal protective equipment (PPE) or test kits.

4.E. Significant or newsworthy installation or facility closures.

4.F. Unit or installation is unable to meet isolation requirements.

4.G. Unit or installation is unable to meet operational requirements.

4.H. Any local or regional change in health protection condition (HPCON).

5. Points of Contact.

5.A. Sailor Support. Service Members with questions regarding this stop movement or entitlements for PCS travel should contact the MyNavy Career Center (1-833-330-6622) or email ASKMNCC(AT)NAVY.MIL. Detailers are ready to support all order modifications and commands should work with their placement officers.

5.B. Medical Questions. BUMED Watch: 703 681 1087/1125 or NIPR EMAIL: usn.ncr.bumedfchva.list.bumed---2019-ncov-response-cell(AT)mail.mil.

5.C. Reporting Requirements. OPNAV Battle Watch Captain at 703 692 9284 or BWC.PTGN(AT)NAVY.MIL.

5.D. Navy civilians. Navy civilians with questions regarding this guidance should contact their supervisory chain of command.

H-3-90

6. The Navy will ensure the best possible Navy-wide Force Health Protection for its Sailors, civilian employees and family members. However, all members of the Navy family must do their part by adhering to CDC guidelines as they relate to basic hygiene and human interaction. The Navy will remain focused on meeting our global commitments while also ensuring the health and well-being of our Service Members, Navy civilians and our families.

7. Our understanding of COVID-19 is rapidly evolving and this guidance will continue to be evaluated as conditions change. We recognize many of the policies in this NAVADMIN will place a strain on our force, but they are absolutely necessary to preserve our ability to conduct the mission. Local Commanders will exercise prudent judgement when determining mission essential travel and granting waivers and err on the side of conservatism. This is not business as usual. The expectation is that these exceptions are done on a case by case basis and that they are very limited in number. The entire team must understand their role in minimizing the spread of COVID-19 among our ranks. All efforts should be taken to combat the spread of COVID-19 and to minimize impact on our force. The Navy will remain focused on meeting our global commitments while also ensuring the health and well-being of our Service Members, Navy civilians and our families.

8. As the COVID-19 situation continues to evolve, Commander feedback is an important part of issuing revised or additional guidance. It is virtually impossible to address all specific cases or situations. However, Commanders have the latitude to adjust direction based upon their unique situation. For example, a unit that has been at sea for 14 days with no COVID-19 cases may make the decision to relax social distancing requirements until they pull into port. Thank you for your leadership at the tip of the spear, wherever that may be. We know that it is not easy and simply ask that you make the best call possible we will back you up.

9. Released by Vice Admiral John B. Nowell, Jr, N1.//

BT

#0001

NNNN

UNCLASSIFIED//

From: (b) (6) [CAPT USN, USS Theodore Roosevelt](#)
To: (b) (6) [CDR USN, CCSG-9](#); (b) (6) [CDR USN, USS Theodore Roosevelt](#)
Cc: (b) (6) [CAPT USN, CCSG9](#)
Subject: Testing planning factors
Date: Friday, March 27, 2020 9:24:32 AM
Attachments: [TR Triage and Disposition Plan.pdf](#)

All,

Attached is the most current version of what C7F put out for the get well plan for the TR. This model starts with testing the entire ship and then after the negatives finish their 14 day quarantine then they repeat the testing.

One testing team can test 200 sailors/day in batches of 5 (40 batches of 5 sailors). Based on our experience, 16.7% of the batches of 5 will be positive, requiring individual testing of each person in the batch to figure out the individuals. Two teams can test 400 sailors per day (80 batches).

5000 sailors = 1000 batches
1000 batches/80 batches per day = 12.5 days of testing
16.7% positive batches = 167 batches x 5 people per batch = 835 individual tests
835 individual tests/80 tests per day = 10.4 days of testing to identify the positive tests

Total for the first round of testing = 22.9 days of testing

From start of testing to completion of 14 days quarantine = 37 days.

The testing at the end of quarantine would be much closer to 12.5 because there should be very few, if any positives, and that should finish at approximately 50 days.

Assumptions:

- 1) Two testing teams running at full capacity with no interruptions to testing and complete complement of supplies.
- 2) Robust ancillary support for tracking/documentation.
- 3) If available, a third testing team could do the positive testing in parallel with the batch testing, reducing this to closer to 12.5 days.

My recommendation: No testing at the beginning, quarantine the bulk of the ship in single rooms with heads, and if testing is required (though not medically indicated), do it at the end with bulk collection of tests which can then be shipped to numerous labs around the world to process expeditiously while the ship gets ready to return to sea.

v/r,

SMO

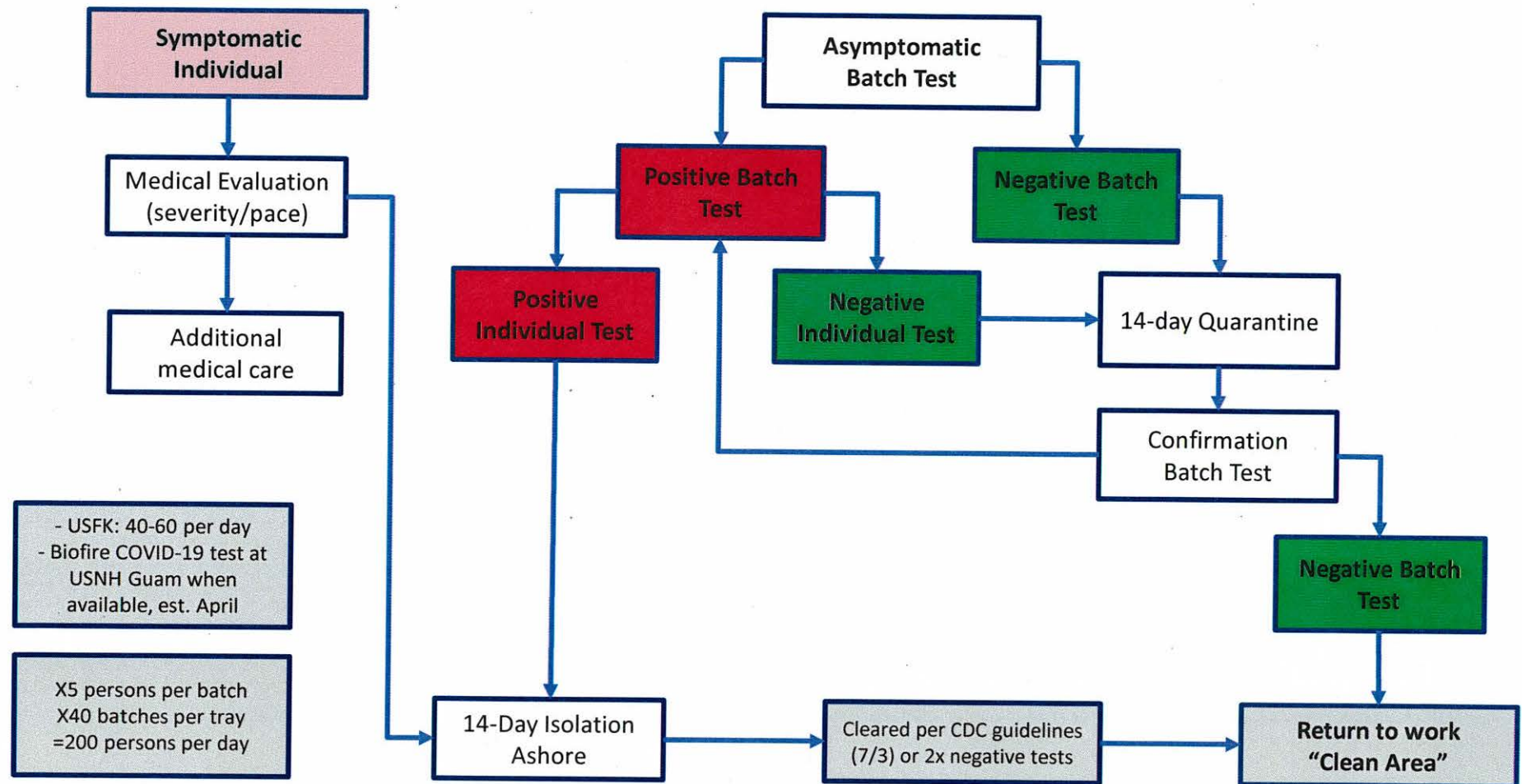
(b) (6) MD
CAPT MC(FS) USN

Senior Medical Officer
USS Theodore Roosevelt (CVN-71)
Work: (b) (6)
J-dial: (b) (6)
Cell: (b) (6)



UNCLASSIFIED

TR Triage and Disposition Plan



H-3-91

UNCLASSIFIED

From: (b) (6) CAPT USN, C7F
To: Spedero, Paul C Jr RDML USN USFFC (USA)
Cc: (b) (6) CAPT USN NAVY JAG WASH DC (USA); (b) (6) CIV USN COMNAVSAFECEN NOR VA
(b) (6) LCDR USN NAVCIVLAWSUPPACT DC (USA)
Subject: RE: Signed C7F CoS statement
Date: Friday, May 22, 2020 1:22:28 AM

Sir

Answers follow

1. Yes, Commander, SEVENTH Fleet was engaged in the hotel option early. As stated in the email to which you refer I told CoS (b) (6) 'not saying no it is on the table.' Hotels were always an option like all others, but in the first 48-72 hours not certain. There was general hesitation initially in the first 48-72 hours to engage Governor of Guam directly, I spelled out some sensitivities in my statement. This was one planning factor driving other COAs in the first 48-72 hours. JRM wanted space to work Governor Guam - all matters - bringing TR in, how many persons Governor Guam expected to send to NBG at the same time (this was an active discussion due to Guam expected COVID outbreak), hotels, etc. I recall C7F asking CJRM to engage directly with the Governor on the hotel option in these first few days.

C7F did not directly engage Government of Guam - that is outside our C2 lane - that is JRM who reports to INDOPACOM. C7F worked through JRM, I recall additional direct discussions between C7F and CJRM on engaging Governor of Guam on 28 Mar on the hotel option and he did, having laid the ground work in the days prior. C7F brought up hotels with CPF as early as Saturday 28 Mar. Was told would require INDOPACOM permission to pursue. Not unexpected.

From there, once approved, we were very involved in the detailed planning and execution of getting the crew to hotels, including Commander level engagement with DMHQ at PACFLT to get the contracts in place. Also very involved in getting the samples moving through the Korea lab to enable crew to get to the hotels.

2. Yes to all. Commander SEVENTH Fleet was very aware of testing limitations on Guam from the outset. Both C7F and Staff were aware of the limits of surveillance (STEP ONE) testing, Guam NH and we learned quickly how large of an effort it was for a CVN medical department to get nasal swab capacity up to a high number, not a trivial task. C7F and Staff had a realistic appraisal of how long testing would take on the ground. The Korea lab was another issue. We had a planning factor there of 90 per day, until on 28 Mar the reference lab was brought into the picture with an advertised 1000 per day (not reached for quite some time, the lab provides services to other customers).

We knew this would make things slow going, but until we had to test for hotel entry, we thought we could get into quarantine (i.e. segregation)/isolation fast without testing - only testing at the back end of 14 days, which would have given us time to think it through. But hotels got turned on quickly, requiring lab tests first and then testing became the occupying LIMFAC.

It is important to note that the first weekend 28 Mar C7F came under high pressure from CPF to expand testing capacity to 500 per day minimum to meet the newly advertised 1000 per day capacity. HHQ focus was test, C7F focus

was get segregated/isolated - the COAs to get there. I was present for several phone calls between CPF and C7F where the subject was raise testing capacity immediately and fast - I think it fair to say it was HHQ primary focus. This resulted in C7F and Staff having to get answers from CSG-9 on testing throughput of the medical department from day 1 which frankly I viewed as a distraction (this was before hotels were a go). This also resulted in having to focus on getting a high number of nasal swabs the first weekend, even though we didn't yet have the flights in place for Korea. These swabs were not needed to get into Naval Base Guam occupancy the first weekend. We could not yet complete the 'kill chain' to Korea at that time (air transport). STEP ONE was also a slow process. It was several days if not near to a week or more before nasal swab capacity was up around 400-500 per day. This intensive labor, and the fact that TR medical would have to go to segregation, was one driving factor on getting the 3rd Med Battalion.

VR

(b) (6)

CAPT (b) (6)

Chief of Staff

SEVENTH Fleet

Embarked on USS BLUE RIDGE (LCC-19)

Inport DSN (b) (6)

Inport Comm: (b) (6)

At Sea DSN Direct: (b) (6)

At Sea (Commercial) Direct: (b) (6)

At Sea BLR Exchange DSN: (b) (6)

At Sea BLR Exchange (Commercial) (b) (6)

Tandberg EX-90: (b) (6)

Mobile: Overseas: (b) (6)

Mobile in Japan: (b) (6)

SIPR: (b) (6) @lcc19.navy.smil mil

Hot Site: (b) (6)

OneNet: (b) (6) @fe navy mil

OneNet SIPR: (b) (6) @fe navy.smil.mil

DSN (b) (6)

Tandberg: (b) (6)

Mobile: Overseas: (b) (6)

Mobile in Japan: (b) (6)

CENTRIXS (All Locations)

CENTRIXS K: (b) (6) @pacom kor.cmil.mil

CENTRIXS J: (b) (6) @mail.jpn.cmil mil

CENTRIXS FVEY: (b) (6) @rel.pacom.smil.mil

CENTRIXS CFMP: (b) (6) @af.usa.getf-cmfp.cmil mil

-----Original Message-----

From: Spedero, Paul C Jr RDML USN USFFC (USA)

[mailto:(b) (6)] @navy mil

Sent: Friday, May 22, 2020 7:23 AM

To: (b) (6) CAPT USN, C7F <(b) (6)> @lcc19 navy.mil>

Cc: (b) (6) CAPT USN NAVY JAG WASH DC (USA)
<(b) (6)@navy.mil>; (b) (6) CIV USN COMNAVSAFECEN NOR VA
(USA) <(b) (6)@navy.mil>; (b) (6) LCDR USN NAVCIVLAWSUPPACT
DC (USA) <(b) (6)@navy.mil>
Subject: RE: Signed C7F CoS statement

COS,
I have two follow-up questions:

In an email to COS CSG-9, in which he asked about hotel room in Guam and you said something to the effect that it was a "big ask" and we would like to know if the option continued to be worked or explored by C7F. We have information that CJRM continued to work hotels as an option and would like to know if you and/or the Commander 7F continued to be engaged in that planning and coordination.

Second,
Testing capacity was an issue in the first few days in Guam. Were you aware of capacity that the ship was able to meet? Was C7F? Did anyone provide the Commander 7F with feedback on capacity?

V/r
Speedy

RDML Paul C. Spedero Jr., USN
Command Investigation Team
(b) (6)
(b) (6)@navy.mil

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-----Original Message-----

From: (b) (6) CAPT USN, C7F <(b) (6)@lcc19.navy.mil>
Sent: Thursday, May 21, 2020 5:11 AM
To: Spedero, Paul C Jr RDML USN USFFC (USA) <(b) (6)@navy.mil>
Cc: (b) (6) CAPT USN NAVY JAG WASH DC (USA)
<(b) (6)@navy.mil>; (b) (6) CIV USN COMNAVSAFECEN NOR VA
(USA) <(b) (6)@navy.mil>; (b) (6) LCDR USN NAVCIVLAWSUPPACT
DC (USA) <(b) (6)@navy.mil>
Subject: Signed C7F CoS statement

Sir
Please find attached.

VR

(b) (6)

CAPT (b) (6)

Chief of Staff
SEVENTH Fleet
Embarked on USS BLUE RIDGE (LCC-19)
Inport (b) (6)
Inport Comm: (b) (6)
At Sea DSN Direct: (b) (6)
At Sea (Commercial) Direct: (b) (6)
At Sea BLR Exchange DSN: (b) (6)
At Sea BLR Exchange (Commercial) (b) (6)
Tandberg EX-90: (b) (6)
Mobile: Overseas: (b) (6)
Mobile in Japan: (b) (6)
SIPR: (b) (6) @lcc19.navy.smil mil

Hot Site: (b) (6)
OneNet: (b) (6) @fe navy mil
OneNet SIPR: (b) (6) @fe navy.smil.mil
DSN (b) (6)
Tandberg: (b) (6)
Mobile: Overseas: (b) (6)
Mobile in Japan: (b) (6)

CENTRIXS (All Locations)
CENTRIXS K: (b) (6) @pacom kor.cmil.mil
CENTRIXS J: (b) (6) @mail.jpn.cmil mil
CENTRIXS FVEY: (b) (6) @rel.pacom.smil.mil
CENTRIXS CFMP: (b) (6) @af.usa.getf-cmfp.cmil mil

Witness Statement of (b) (6) AME2:

On 14 May 2020, I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via telephone.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: AME2 (b) (6) Position: Ejection Seat Mechanic

Command: VFA-87 Department/Division: 13B

Email Address: (b) (6) @cwv11.navy.mil Phone(s): N/A

I have been in the Navy for about six years. My job is to work on ejection sets in aircrafts. I reported to VFA-87 in May 2019. We embarked onboard USS THEODORE ROOSEVELT in January 2020. This is my first deployment. While embarking my first impression of the ship was fine. I have a buddy of mine who was stationed onboard before and he told me good things about the command. I feel that my chain of command passes information to us well.

Three days after leaving San Diego for deployment I got really sick. My symptoms were very similar to COVID-19 symptoms. I had a runny nose, dry cough and night sweats. I went to medical and received a cold pack. A few days later I went back to medical as my symptoms were not getting better and medical refilled my cold pack and gave me an SIQ chit. After about 14 days from my initial start of my symptoms I went back to medical for a third time and was diagnosed with pneumonia. The first two to two and a half weeks of deployment were horrible due to my sickness. Other people within my shop were sick too and we all just took turns getting pneumonia. I believe we only had one person get sick with the double dragon. I was working night shift so if I felt really ill my night check supervisor would let me go to my rack. I don't recall announcements about the sickness around the ship. Hand washing and hygiene were short discussed, but that's about it. I heard about COVID-19 from social media and the news. I started to feel better about two days before our first port visit to Guam.

I can't remember details from the Da Nang liberty brief. I can't recall a specific cleaning routine or discussions of social distancing prior to Da Nang. While in port Da Nang, my watch standing did not change. I continued standing my watch in an office. I was excited about Da Nang port visit. The first day in port liberty secured. The liberty boats stopped running due to the state of the sea. The second day I left to ship and attended an MWR tour. On my way back to the ship, I was unable to return because the liberty boats stopped running. The liberty busses eventually took us to a hotel called the Golden Bay and I stayed there overnight. On the third day I stood duty and on the fourth day I just walked around town. I was unaware of any health pre cautions. The Vietnam citizens would wear mask and some businesses had signs up stating "closed due to COVID-19". There was no screening on the ship or pier. The last day I believe medical made us use hand sanitizer when we came back to the ship. I happened to be standing watch in the ready room when a Chief received word

on a possible COVID case at a hotel he and others were staying at by I believe a Major. The Chief sent an email to me for mustering telling me about what he was told and I then informed the CVW Senior Chief on watch. At that point there were a limited number of people who were aware of this including myself and the people who were involved. When the sailors returned to the ship they were quarantined.

After Da Nang we started covering the symptoms of COVID-19 at quarters. We were told if there are any concerns to go to medical. We started using bleach during cleaning stations once per day. Currently we do it three time a day but I cannot recall doing it twice a day. After the positive cases were identified everyone started wearing mask. I absolutely believed there were more positive sailors then those two cases. There are 5,000 sailors onboard this ship, I knew this would become an issue. I did however believe that the initial 39 Sailors placed in quarantine were placed there out of a pre caution. There were other complete berthings who went into a quarantine as well, but there were not strong controls for those in quarantine as I have seen people who were supposed to be quarantined walk around the ship. After several days they released the onboard quarantine personel. We were being told this information at our squadron quarters. Some of my chain of command were placed into the initial quarantine. It was known throughout the deck plates that the quarantine was kind of a bad deal. The sailors were only given the basics and could not leave to do anything. I recall there was a 1MC announcement about the sailors in quarantine informing us that they did not test positive for the virus. I personally had no concerns for my safety. I honestly think I already it based on my symptoms at the beginning of the deployment. The two sailors that tested positive were quarantines and the flown off the ship to Guam. I am not sure what their quarantine location was or what they looked like.

Cleaning became an all hands effect twice a day for 30 minutes. We did use bleach during cleaning stations at that time. The transit from Da Nang to Guam felt like a normal underway. We still had to complete our maintenance and flight hours had to get done. There was no pause, we still had to get the job done. My health was good and I felt normal. After Da Nang the gym stayed open. There were some restrictions such as limiting the amount of sailors in the gym and limiting each sailor to an hour to workout until the ship started to sanitize the spaces on the ship. The barbershop was closed right before Guam. The main ship store stayed open but the small ships store closed after Da Nang.

I was aware of the situation with Guam Governor and the limitations of the base. A memorandum was shared with via all hands email explaining the situation with the Governor. I knew about the base restrictions from a friend who knew someone that is stationed there. The restrictions included for example only letting 50 people into the NEX at a time. I was told going to Guam, that the hospital would be taken care of our people. I did think once we got there things would move a lot faster than what they did. When there finally was a plan it would change. It seemed as though there was not good preparation for us to get off the ship in Guam and the process was slower than and what was told to us. It did appear that once the email of our status was leaked and the media spread the news about Capt Crozier's relief of duty and the SECNAV's speech, that was when things moved slightly faster but still slowly. My chain of command told me that a few hundred sailors would be taken off each day. Before any of that happened, they move everyone to day shift which anywhere you went increased lines and made more people come into closer contact therefore increasing the risk of COVID 19. But we continued normal working operations until I got to leave the ship sometime in April. I was tested on the ship and then a few days later was taken to a hotel.

The day left the ship, I was told to report to the hangar bay with 14 days worth of clothes. My group got into a bus and that bus took us to the hotel. At the hotel a marine took my temperature, brief us on some formalities and let me to go to my hotel room. I stayed at my hotel for about three and a half weeks. It was okay but I could not leave the room. The food at the hotel was hit or miss. In the beginning it felt like they were not bringing us enough food but then over time it did get better. This was different per hotel and some hotels were better and some were worse regarding food. The people who stayed in the Gym in isolation slept on cots in an open area, this is what was told to me and shown to me via a photo. Otherwise I experienced no issues while at the hotel. Leadership communicated via chat app and a TR Alone Together facebook page. Upon returning to the ship the food served to us at the pier was extremely inadequate, the portions would be equivalent to what I would serve my 8 year old daughter which is not enough for an adult. I was told that this was how the people at the gym were eating everyday.

Prior to Da Nang morale was good. The Da Nang port visited was not so great because of the liberty boats situation. After leaving Da Nang morale was consistent with what you would expect during a deployment. After the CO was relieved morale sank. There was a lot of anger and resentment towards big Navy. This is how big Navy is going to treat a CO would stood up for us, then I don't want to know how big Navy would treat their enlisted sailors. I believe that we should not have even gone to Vietnam. It seemed like a political stunt despite the risk it posed to the crew. Rumor on the ship has it that soon we are scheduled to get back out to sea and take a picture to show U.S power. It appears that big Navy does not care about its sailors and social media responses shows how sailors feel. It shows with what happened to the CO. Yes there is a mission to complete but it was no secret that we were going to Guam, the CO was put in a very tough Lose Lose situation. He was penalized for putting his crew's health first, but if he had not done anything and a crewmember died the world would've been against him for not doing anything. I believe the retention rate for the Navy will drop as a result of this, especially for more junior sailors where this is their introduction into the Navy and how we've been treated. The THEODORE ROOSELT chain of command is trying their best with what they have been given. We've been here for 50 some days not doing anything for whatever our mission was, this deployment was a flop and we're over it, by the time we are out to sea there would be barely any time left for this deployment, so just let us go home already.

I swear (or affirm) that the information in the statement above is true and accurate to the best of my knowledge, information, and belief.

(b) (6)

(Witness' Signature)

16 MAY 2020

(Date)

0905

Time

Name of Interviewer: Command Master Chief (b) (6)

Witness Statement of (b) (6)

On 14 May 2020, I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via telephone.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: AN (b) (6) Position: Supervisor

Command: USS THEODORE ROOSEVELT Department/Division: Air/VI

Email Address: (b) (6) @gmail.com Phone(s): N/A

I joined the Navy in May 2018. I've been onboard the USS THEODORE ROOSEVELT since August 2019. I work in VI as the supervisor of elevator operations. I have about ten sailors working under me and we are the second hand to the Handler. This is my first deployment in the Navy. When I first report my impression of the ship was that it was huge. My chain of command is really involved in our personal and work life. Everyone up and down the chain of command do what they can to help us. VI is a lot better since there was a change in leadership in November 2019. The chain of command really cares. For example: For a new dad they really worked hard to get him off the ship and home to his new baby. The CO has a CO suggestion box. The minute someone had an issue and let him know via the box there was immediate action. Usually an email would go out so everyone know about it.

Prior to Da Nang we double dragon on the ship. There were signs around the ship telling us to wash our hands and to go to medical if we experienced any symptoms. I recall discussion about the double dragon at quarters and signs everywhere. The ship at that time took away self serve laundry and served us our food in the aft galley. However in the forward galley you were still able to serve yourself, at that time and now.

I knew that COVID was happening around the world. My parents talked to me about it. I knew there were a couple of cases in the U.S. My division would talk about it at time too. But for example at the time we thought it was because a girl ate a bat. The Da Nang liberty brief did talk about COVID. If I recall it talked about how Vietnam did not have any cases. When we pulled into Da Nang I was excited. I received a head of the line pass so on the first day I was able to leave the ship. I left the ship and got on the liberty boats to the pier. I do not recall their being any screening on the pier. The waters were rough so they eventually the liberty boats were secured. On my first day I went to a marble palace and ate food out in town. On the way back to the ship we ended up not being able to take the liberty boats back to the ship, as a result of the rough seas. The ship had liberty buses which took us to a hotel for the night. I found out about the sailor in Da Nang by word of mouth and because I was on duty that day. I do not know what actually happened with the sailors. I do not know any of the 39 Sailors that were quarantine after Da Nang. I'm sure they were bored in that berthing. I was told they eventually got a POTS line installed to be able to call their families. There was a IMC announcement and an email asking for donations of food and toiletries for

those in quarantine. My friend and I went to the ship store and got a few extra things to donate to them. The only other thing shared with us was that they all tested negative. I believe the ship placed those sailors in quarantine out of pre caution. I did not think there would be any positive cases onboard. I was not concerned for my safety or health. Before Da Nang we did normal cleaning stations; morning 30 dirty and evening sweepers. After Da Nang there was no change to our cleaning station. I cannot recall when but at some point we did add bleach to our cleaning station. Initially it started with one cleaning station, then it went to two and now we are doing it three times a day. Then there was not just one but three positive cases. I work on the flight deck so I saw all the corpsman with gloves and mask on and the three sailors with them. I asked them what was going on and they told me the sailors were being medical evacuated from the ship to Guam. More and more Sailors started testing positive. I'm embarrassed to admit this but for my friends and I, it started to become a game of who could guess how many more would fly off daily. ~~I do not work out but I believe the gyms stayed open until Guam.~~ Prior to pulling into Guam I did not know anything about the Guam Government or the base. I do remember a rumor about splitting the crew and letting half of the crew quarantine in Japan while the other half stayed in Guam. We did fly off a skeleton crew that once we got to Guam would come back onboard while we quarantine. That skeleton crew would take the ship to Japan. Personally I think Andrews Air Force Base did not have manpower to keep flying people back and forward. When we pulled in Guam I just thought the deployment was over. Everything was super hectic and it seemed like no one knew what to do. I was told by my chain of command to pack enough things for 14 days. I departed the ship on two or three day in port. The day I left it was really hectic and the time for my division to report to the hangar bay kept getting pushed back. When we did finally get called we got on a bus and it took me to Charles King gym. I got a cot and just chilled for the next 10 days. The Master Chief at the gym would keep us informed of everything that was going on. My air chain of command would sometimes sent emails to check on us but the leadership at the gym was really good. The food at the gym was okay but sometimes not enough. We were allowed to order Dominos so it really was okay. After the 10 days, my test results came back negative so I was sent to the Hilton for another 20 days. It was a nice stay but I was really bored. Coming back to the ship the focus is on cleaning. Morale didn't really change between Da Nang and Guam. I can't really put into words how I felt about Captain Crozier leaving. He was always on the IMC, reassuring us that we would be okay. The kept us up to date even if those plans would change daily. Because of the virus we have to cancel a few port visits in China. CO told us about the change and let us know that he was trying to make other port visits possible. I just trusted him, I don't know how else to explain it. Now, we're taking it day by day. We are no longer trying to figure out a plan, we're just waiting for things to happen now. Everyone is over it. We just want to go home.

I swear (or affirm) that the information in the statement above is true and accurate to the best of my knowledge, information, and belief.

(b) (6)

[Redacted Signature]

16 MAY 20

0822

(Witness' Signature)

(Date)

Time

Name of Interviewer: Command Master Chief (b) (6)

From: (b) (6) CAPT USN, USS Theodore Roosevelt
To: Baker, Stuart P RDML USN, CCSG-9
Cc: Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CVW-11 CAG; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, COMDESRON23; (b) (6) CAPT BKH CO; (b) (6) CDR - BKH XO; (b) (6) LCDR USN, USS THEODORE ROOSEVELT; (b) (6) CMC USN, USS Theodore Roosevelt; (b) (6) MCPO USN, CVW-11 (USA); (b) (6) CMC USN, CCSG9; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN, CCSG-9; (b) (6) HM1 USN, CCSG-9; (b) (6) CAPT USN, CCSG9; (b) (6) LT USN, CCSG-9; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CCSG9; DH 71; ECC
Subject: COVID-19 update 28 March - Mid-day update
Date: Saturday, March 28, 2020 12:00:53 AM

Admiral,

Current total positive: 44

New cases:

1. AM2 (b) (6) AIMD; (b) (6) came through sick call with ILI symptoms, +COVID test.
2. QM3 (b) (6); NAV; (b) (6) with known close contact and now with ILI symptoms, +COVID test.
3. PS3 (b) (6); ADMIN; (b) (6) came through sick call with ILI symptoms, +COVID test.
4. AD1 (b) (6); VFA-154; (b) (6) with known close contact and now with ILI symptoms, +COVID test.
5. ADAN (b) (6); VFA-154; (b) (6) with known close contact and now with ILI symptoms, +COVID test.
6. MMN2 (b) (6); RX; (b) (6) came through sick call with ILI symptoms. +COVID test.

If possible, will work with ECC to get them off the ship today.

v/r,

SMO

From: (b) (6) CAPT USN, USS Theodore Roosevelt
To: Baker, Stuart P RDML USN, CCSG-9
Cc: Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CSSG9; (b) (6) CAPT USN, CVW-11 CAG; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, COMDESRON23; (b) (6) CAPT BKH CO; (b) (6) CDR - BKH XO; (b) (6) LCDR USN, USS THEODORE ROOSEVELT; (b) (6) CMC USN, USS Theodore Roosevelt; (b) (6) MCPO USN CVW-11 (USA); (b) (6) CMC USN, CCSG9; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN, CCSG-9; (b) (6) HM1 USN, CCSG 9; (b) (6) CAPT USN, CCSG9; (b) (6) LT USN, CCSG-9; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CCSG9; DH 71; ECC
Subject: RE: COVID-19 update 28 March - Evening update
Date: Saturday, March 28, 2020 7:23:21 AM

Admiral,

Two more positives today. Current total positive: 46.

1. LS3 (b) (6); SUPPLY; (b) (6) from sick call with ILI symptoms, +COVID-19 test.
2. AN (b) (6); AIR; (b) (6) from sick call with fever, +COVID-19 test.

Don't have the final results on the 16 from the VRC-30 det. Will have that tomorrow.

Will work w/ECC to get 8 cases from today off the ship in the morning.

Plan to test 100 at the gym tomorrow.

v/r,

SMO

-----Original Message-----

From: (b) (6) CAPT USN, USS Theodore Roosevelt
Sent: Saturday, March 28, 2020 2:01 PM
To: Baker, Stuart P RDML USN, CCSG-9
Cc: Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CSSG9; (b) (6) CAPT USN, CVW-11 CAG; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, COMDESRON23; (b) (6) CAPT BKH CO; (b) (6) CDR - BKH XO; (b) (6) LCDR USN, USS THEODORE ROOSEVELT; (b) (6) CMC USN, USS Theodore Roosevelt; (b) (6) MCPO USN CVW-11 (USA); (b) (6) CMC USN, CCSG9; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN, CCSG-9; (b) (6) HM1 USN, CCSG 9; (b) (6) CAPT USN, CCSG9; (b) (6) LT USN, CCSG-9; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CCSG9; DH 71; ECC
Subject: COVID-19 update 28 March - Mid-day update

Admiral,

Current total positive: 44

New cases:

1. AM2 (b) (6); AIMD; (b) (6) came through sick call with ILI symptoms, +COVID test.
2. QM3 (b) (6); NAV; (b) (6) with known close contact and now with ILI symptoms, +COVID test.
3. PS3 (b) (6); ADMIN; (b) (6) came through sick call with ILI symptoms, +COVID test.
4. AD1 (b) (6); VFA-154; (b) (6) with known close contact and now with ILI symptoms, +COVID test.
5. ADAN (b) (6); VFA-154; (b) (6) with known close contact and now with ILI symptoms, +COVID test.
6. MMN2 (b) (6); RX; (b) (6) came through sick call with ILI symptoms. +COVID test.

If possible, will work with ECC to get them off the ship today.

v/r,

SMO

From: (b) (6) CAPT USN, USS Theodore Roosevelt
To: Baker, Stuart P RDML USN, CCSG-9
Cc: Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CSSG9; (b) (6) CAPT USN, CVW-11 CAG; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, COMDESRON23; (b) (6) CAPT BKH CO; (b) (6) CDR - BKH XO; (b) (6) LCDR USN, USS THEODORE ROOSEVELT; (b) (6) CMC USN, USS Theodore Roosevelt; (b) (6) MCPO USN, CVW-11 (USA); (b) (6) CMC USN, CCSG9; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN, CCSG-9; (b) (6) HM1 USN, CCSG-9; (b) (6) CAPT USN, CCSG9; (b) (6) LT USN, CCSG-9; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CCSG9; DH 71; ECC
Subject: COVID-19 update 29 March - Mid-day update
Date: Saturday, March 28, 2020 11:39:21 PM

Admiral,

4 more positives today. Current total: 50.

1. QM3 (b) (6); NAV; (b) (6) with ILI symptoms, +test.
2. LS1 (b) (6); SUPPLY; (b) (6) with ILI symptoms/fever, +test.
3. CS2 (b) (6); SUPPLY; (b) (6) with ILI symptoms/fever, +test.
4. MMN2 (b) (6); RX; (b) (6) male with ILI symptoms/fever, +test.

All VRC-30 det tests from yesterday were negative - sailors from Andersen AFB.

v/r,

SMO

From: (b) (6) CAPT USN, USS Theodore Roosevelt
To: Baker, Stuart P RDML USN, CCSG-9
Cc: Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CSSG9; (b) (6) CAPT USN, CVW-11 CAG; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, COMDESRON23; (b) (6) CAPT BKH CO; (b) (6) CDR - BKH XO; (b) (6) LCDR USN, USS THEODORE ROOSEVELT; (b) (6) CMC USN, USS Theodore Roosevelt; (b) (6) MCPO USN, CVW-11 (USA); (b) (6) CMC USN, CCSG9; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN, CCSG-9; (b) (6) HME USN, CCSG-9; (b) (6) CAPT USN, CCSG9; (b) (6) LT USN, CCSG-9; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CCSG9; DH 71; ECC
Subject: COVID-19 update 29 March - Evening update
Date: Sunday, March 29, 2020 5:44:43 AM
Attachments: (FOUO) COVID-19 Positive List 29 MAR 20 1740.xlsx

Admiral,

3 more positives today. Current total: 53.

#51 - (b) (6) from HSM-75, close contact from an earlier case, was called as a medical emergency today due to fainting (syncope) from ILI symptoms, +test.

#52 - (b) (6) from VFA-154, close contact from an earlier case, earlier test on 24 Mar was negative, now with ILI symptoms/fever and positive test.

#53 - (b) (6) from ENG, came through sick call with ILI, +test.

A sailor over in the gym (MM3 (b) (6); ENG) has developed a fever and was evaluated by NH Guam and will be moved into isolation at NGIS. We will test him tomorrow and the results will determine whether or not he is called a positive COVID case. I believe he will be, but will withhold official call until later tomorrow. If positive, this also resets the 14 day clock on the people in the gym.

Plan to swab additional 150 in the gym tomorrow.

v/r,

SMO

Ordinal	LAST NAME	FIRST NAME	RATE/RANK	COMMAND	GENDER	AGE	DODID	TEST DATE	TEST RESULT	DISPOSITION	ILI SYMPTOMS, TEMP	REFERRAL SOURCE
1	(b) (6)		AA	VFA-154	(b) (6)	(b) (6)	(b) (6)	25-Mar	POSITIVE	MEDEVAC	ILI 102.5	sick call
2			AM2	HSM-75				25-Mar	POSITIVE	MEDEVAC	ILI 99.2	close contact
3			AMAN	VFA-154				25-Mar	POSITIVE	MEDEVAC	None, 98.2	close contact
4			CDR	CVN-71, NAV				25-Mar	POSITIVE	MEDEVAC	ILI 100.9	sick call
5			AT2	VFA-154				25-Mar	POSITIVE	MEDEVAC	ILI 98.1	close contact
6			AT2	VFA-154				25-Mar	PRESUMPTIVE POSITIVE	MEDEVAC	ILI, 100.0 ; developed sympt after testing- test negative	close contact
7			AD2	VFA-154				24-Mar	POSITIVE	MEDEVAC	ILI, 101	sick call
8			AM2	HSM-75				25-Mar	POSITIVE	MEDEVAC	ILI 99.4	close contact
9			AT2	VFA-154				25-Mar	POSITIVE	MEDEVAC	None 98.3	close contact
10			ADAA	VFA-154				25-Mar	POSITIVE	MEDEVAC	None, 98.2	close contact
11			AE3	VFA-154				25-Mar	POSITIVE	MEDEVAC	ILI 99.4	close contact
12			HM1	VFA-154				25-Mar	POSITIVE	MEDEVAC	None, 100.5	close contact
13			MMN2	CVN-71, RX				24-Mar	POSITIVE	MEDEVAC	ILI, 100.4	sick call
14			AZAN	VFA-154				24-Mar	PRESUMPTIVE POSITIVE	MEDEVAC	None, 100.4; developed sympt after testing- test negative	close contact
15			AMEAN	VFA-154				24-Mar	PRESUMPTIVE POSITIVE	MEDEVAC	ILI, 100.1 developed sympt after testing- test negative	close contact
16			AM1	HSM-75				25-Mar	POSITIVE	MEDEVAC	None, 99.1	close contact
17			EM3	CVN-71 ENG				25-Mar	POSITIVE	MEDEVAC	ILI 101.3	sick call
18			LS3	HSM-75				25-Mar	POSITIVE	MEDEVAC	None 98.7	close contact
19			LS3	HSM-75				25-Mar	POSITIVE	MEDEVAC	None, 99.1	close contact
20			LS2	CVN-71, SUPPLY				25-Mar	POSITIVE	MEDEVAC	ILI, 100.9	sick call
21			AM2	HSM-75				24-Mar	POSITIVE	MEDEVAC	ILI, 100.4	sick call
22			AO3	HSM-75				25-Mar	POSITIVE	MEDEVAC	None, 98.9	close contact
23			ETNCS	CVN-71, RX				25-Mar	POSITIVE	MEDEVAC	ILI, 100.3	sick call
24			AZ2	VFA-154				24-Mar	PRESUMPTIVE POSITIVE	MEDEVAC	ILI, 100.3 developed sympt after testing- test negative	close contact
25			CSCS OS	CVN-71 SUPPLY CVN-71, OPS				24-Mar NONE	POSITIVE PRESUMPTIVE POSITIVE	MEDEVAC ISOLATED	WORSENING ILI ILI, 100.0	sick call close contact
26			AO3	VFA-146				26-Mar	POSITIVE	ISOLATED	ILI, 101.2	sick call
27			MM3	CVN-71, RX				25-Mar	POSITIVE	ISOLATED	None, 99	close contact
28			MM2	CVN-71, RX				25-Mar	POSITIVE	ISOLATED	None, 98.3	close contact
29			MM2	CVN-71, RX				25-Mar	POSITIVE	ISOLATED	None, 98.0	close contact
30			MM3	CVN-71 RX				25-Mar	POSITIVE	ISOLATED	None 97.7	close contact
31			MM3	CVN-71, RX				25-Mar	PRESUMPTIVE POSITIVE	ISOLATED	None, 100.7; developed sympt after testing- test negative	close contact
32			MM2	CVN-71, RX				25-Mar	PRESUMPTIVE POSITIVE	ISOLATED	None, 100.3; developed sympt after testing- test negative	close contact
33			MM3	CVN-71, RX				25-Mar	PRESUMPTIVE POSITIVE	ISOLATED	ILI, 101.1; developed sympt after testing- test negative	close contact
34			AM3	HSM-75				27-Mar	POSITIVE	ISOLATED	None, 99.4	close contact
35			AOAN	VFA-87				27-Mar	POSITIVE	ISOLATED	ILI, 100.8	sick call
36			MM2	CVN-71 ENG				27-Mar	POSITIVE	ISOLATED	ILI	sick call
37			CWO-2	VRC-30				27-Mar	PRESUMPTIVE POSITIVE	ISOLATED	No Symptoms. COD arrived 16 Mar	sick call
38			AM2	CVN-71, AIMD				28-Mar	POSITIVE	ISOLATED	ILI	sick call
39			QM3	CVN-71, NAV				28-Mar	POSITIVE	ISOLATED	ILI	sick call
40			PS3	CVN-71, ADMIN				28-Mar	POSITIVE	ISOLATED	ILI	sick call
41			AD1	VFA-154				28-Mar	POSITIVE	ISOLATED	ILI	sick call
42			ADAN	VFA-154				28-Mar	POSITIVE	ISOLATED	ILI	close contact
43			MMN2	CVN-71, RX				28-Mar	POSITIVE	ISOLATED	None, 103.0	sick call
44			LS3	CVN-71 SUPPLY				28-Mar	POSITIVE	ISOLATED	WORSENING ILI 99.2	sick call
45			AN	CVN-71 AIR				28-Mar	POSITIVE	ISOLATED	None 102.2	sick call
46			QM3	CVN-71, NAV				29-Mar	POSITIVE	ISOLATED	Worsening ILI, 99.2	sick call
47			LS1	CVN-71, SUPPLY				29-Mar	POSITIVE	ISOLATED	ILI, 100.9	sick call
48			CS2	CVN-71, SUPPLY				29-Mar	POSITIVE	ISOLATED	ILI, 101.8	sick call
49			MMN2	CVN-71, RX				29-Mar	POSITIVE	ISOLATED	ILI, 101.8	sick call
50			LSSN	HSM-75				29-Mar	POSITIVE	ISOLATED	ILI, 97.3	close contact + Med Emergency
51			AT3	VFA-154				29-Mar	POSITIVE	ISOLATED	ILI 99.2 (1st test 24 Mar neg 2nd test 28 Mar positive)	close contact
52			EM2	CVN-71-ENG				29-Mar	POSITIVE	ISOLATED	ILI 100.2	sick call
53												

As of 29 MAR 20 1740

From: (b) (6) [CAPT USN, USS Theodore Roosevelt](#)
To: (b) (6) [CAPT USN, C7E](#); (b) (6) [CAPT USN COMPACFLT N01H \(USA\)](#); (b) (6) [CAPT USN COMNAVAIRPAC SAN CA \(USA\)](#)
Subject: Reality
Date: Saturday, March 28, 2020 4:25:14 AM
Attachments: [NAVADMIN 083_20.pdf](#)
[Rocklov et al.pdf](#)

All,

For the record, we have lost. We have gone from 2 cases to 44 cases (another 6 today - so far) in less than 5 days. So, that's a doubling time of less than 1 day...

"Quarantine" measures on the ship are a sham. See the attached study from the Diamond Princess - and they have significantly better berthing conditions than we do.

The conclusion sums it up: The cruise ship conditions clearly amplified an already highly transmissible disease. The public health measures prevented more than 2000 additional cases compared to no interventions. However, evacuating all passengers and crew early on in the outbreak would have prevented many more passengers and crew from infection.

Again, we have lost and will keep going down this path because apparently medical advice doesn't matter, whether it is from us or from the CDC (which apparently we're telling the world that we're following their guidelines). We are failing to comply with any sort of guidance be it testing guidelines or guidelines on quarantine (see attached NAVADMIN). Sailors are ultimately going to suffer.

We will keep plugging away out here, but we have lost this battle and need to implement appropriate quarantine measures now which will involve getting 4500 people off the ship into individual berthing with single heads. That message is apparently falling on deaf ears.

v/r,

(b) (6)

(b) (6), MD
CAPT MC(FS) USN
Senior Medical Officer
USS Theodore Roosevelt (CVN-71)
Work: (b) (6)
J-dial: (b) (6)
Cell: (b) (6)

-----OFFICIAL INFORMATION DISPATCH FOLLOWS-----
RTTUZYUW RHOIAAA0001 0832050-UUUU--RHSSUU.

ZNR UUUUU

R 231957Z MAR 20 MID110000511164U

FM CNO WASHINGTON DC

TO NAVADMIN

BT

UNCLAS

NAVADMIN 083/20

MSGID/NAVADMIN/CNIC WASHINGTON DC/N00/MAR//

SUBJ/RESTRICTION OF MOVEMENT (ROM) GUIDANCE//

REF/A/DOC/USD/11MAR20//

REF/B/NAVADMIN/OPNAV/212007ZMAR20//

REF/C/DOC/BUMED/17MAR20//

NARR/REF A IS UNDER SECRETARY OF DEFENSE MEMO, FORCE HEALTH PROTECTION

GUIDANCE (SUPPLEMENT 4) - DEPARTMENT OF DEFENSE GUIDANCE FOR PERSONNEL TRAVEL DURING THE NOVEL CORONAVIRUS OUTBREAK.

REF B IS NAVADMIN 080/20, NAVY MITIGATION MEASURES IN RESPONSE TO CORONAVIRUS OUTBREAK UPDATE 3. REF C IS BUMED RETURN TO WORK GUIDELINES FOR CORONAVIRUS.//

RMKS/1. REF A requires that personnel returning from a Center for Disease Control and Prevention (CDC) Travel Health Notice (THN) Level 3 or Level 2 location perform a 14 day restriction of movement (ROM). During ROM, Service Members should be restricted to their residence or other appropriate Domicile and limit close contact (within 6 feet or 2 meters) with others. This NAVADMIN clarifies the definition of ROM, provides amplifying guidance, and delineates responsibilities for execution of ROM.

2. Definitions.

2.a. **Restriction of Movement (ROM).** General DoD term referring to the limitation of personal liberty for the purpose of ensuring health, safety and welfare. ROM is inclusive of quarantine and isolation.

2.a.(1) **Quarantine.** Medical term referring to the separation of personnel from others as a result of suspected exposure to a communicable disease. For the world-wide COVID-19 epidemic, this should be imposed on those with no COVID-19 symptoms who have either recently returned from a high-risk location (CDC THN Level 2 or 3), or have had close contact with a known COVID-19 positive patient. The current recommended quarantine period is 14 days. Per CDC, quarantine generally means the separation of a person or group of people reasonably believed to have been exposed to a communicable disease but not yet symptomatic, from others who have not been so exposed, to prevent the possible spread of the communicable disease.

2.a.(2) **Isolation.** Medical term referring to the separation of personnel from others due either to the development of potential COVID-19 symptoms or as a result of a positive COVID-19 test. Per CDC, isolation means the separation of a person or group of people known or reasonably believed to be infected with a communicable disease and potentially infectious from those who are not infected to prevent spread of the communicable disease. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.

2.b. **Patient (or Person) Under Investigation (PUI).** In the case of COVID-19, a PUI is defined as an individual with either a pending COVID-19 test or for whom a test would have been ordered/conducted had one been available.

2.c. **Self-monitoring.** Per CDC, self-monitoring means people should monitor themselves for fever by taking their temperatures twice a day and remaining alert for the onset of a cough or difficulty breathing. If an individual feels feverish or develops a measured fever, cough, or difficulty breathing

during the self-monitoring period, they should self-isolate, limit contact with others, and seek advice by telephone from a healthcare provider or their local health department to determine whether further medical evaluation is needed.

2.d. **Close Contact.** Per CDC, a close contact is defined as:

2.d.(1) Being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; the current recommended threshold is 10 minutes. Close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case, or

2.d.(2) Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).

3. Applicability. **ROM applies to all Service Members, who in the last 14 days have either been in:**

3.a. An area with ongoing spread of COVID-19 as defined as CDC designated Level 2 and 3 countries ([https:// www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travelnotices.html](https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travelnotices.html)), or

3.b. Close contact with a person known to have COVID-19.

3.c. Per REF A, it is strongly recommended that DoD civilian employees, contractor personnel and dependents also follow this guidance.

4. Guidance.

4.a. ROM personnel shall be directed to remain at home or in a comparable setting for 14 days ROM from the day of departure or contact. For transient personnel and those residing in close quarters such as unaccompanied housing or ships, temporary lodging meeting CDC guidance of separate sleeping and bathroom facilities shall be arranged, when available.

4.b. When in ROM, personnel shall avoid congregate settings, limit close contact with people and pets or other animals to the greatest extent possible, avoid traveling, self-monitor, and seek immediate medical care if symptoms (e.g., cough or shortness of breath) develop.

4.c. Personnel assigned ROM may exit quarters to access laundry facilities, outdoor exercise, and designated smoking areas; and conduct other routine tasks not in a public setting provided they maintain social distancing greater than 6 feet from others. Access to messing facilities, stores, fitness centers and other widely used support services is prohibited.

4.d. For temporary lodging, normal room cleaning services will be suspended during the ROM period.

4.e. For personnel executing ROM in private residence, coordinate with parent command for the purchase of required food/hygiene items or arrange delivery through other means.

4.f. After completion of ROM, return to work per REF C and Combatant Commander guidance, if applicable.

5. Responsibilities.

5.a. Parent command **Commanding Officer/Officer in Charge shall:**

5.a.(1) Ensure screening of personnel for ROM.

5.a.(2) Ensure ROM personnel comply with paragraph 4.

5.a.(3) If temporary lodging is required:

5.a.(3)A. **Provide cost orders for ROM personnel.** Orders will direct the Service Member to a ROM status and not TAD to the host installation. Recommend funding for temporary lodging, if required, be obtained through the Type Commander. This may be accomplished utilizing a General Terms and Conditions document to avoid issues arising from Service Members not having government travel cards.

5.a.(3)B. **Coordinate with installation Commanding Officer for room assignment.** It is imperative that tenant commands inform installations of all personnel in ROM within government facilities (to include barracks, NGIS, Navy Lodge, PPV family housing, and PPV barracks).

5.a.(3)C. As needed, **coordinate messing support with the Commanding Officer where a galley is available.** Arrangements will be made between the parent command and the installation for the delivery of meals to Service Members in a ROM status.

5.a.(3)D. As required, provide daily support to ROM personnel to ensure meal delivery as well as health and comfort checks.

5.A.(3)E. Ensure personnel supporting individuals in ROM are trained on the status of ROM personnel and associated interaction protocols. Close contact is prohibited. PPE is not required.

5.a.(4) If private residence is utilized, coordinate with ROM personnel to ensure all messing needs are met.

5.b. Installation Commanding Officers shall:

5.b.(1) Account daily for available temporary lodging to support ROM.

5.b.(2) Track all ROM personnel residing in Navy Lodging (unaccompanied housing, NGIS, Navy Lodge, PPV family housing, PPV barracks) both on and off installation. There is no need for installations to track tenant personnel in a ROM status in private residence/lodging.

5.b.(3) **Provide detailed instructions to tenant commands who require temporary ROM lodging support.**

5.b.(4) If available, coordinate with parent commands to provide take -out meals for delivery to ROM personnel.

5.b.(5) Ensure temporary lodging staff are trained on the status of ROM personnel and associated interaction protocols. Close contact is prohibited. PPE is not required.

5.b.(6) Follow CDC guidance for cleaning rooms following the ROM period. Ensure the standards are the same across all facilities (unaccompanied housing, NGIS, Navy Lodge).

5.b.(7) For the safety of lodging personnel, ensure clear discrete procedures are in place to identify rooms which are occupied by ROM personnel.

5.b.(8) Ensure fire and emergency services are aware of ROM personnel locations, particularly those in isolation, and are prepared to respond to medical emergencies with appropriate PPE.

6. Entitlements. Per REF B.

7. Reporting Requirements. Per REF B.

8. ROM FAQs.

Question 1. When placed on Restriction of Movement (ROM), can I travel to locations within the fence line of an installation to utilize facilities such as the NEX food court or the gym?

Answer 1. No, during the duration of ROM, Service Members must remain in their rooms with the exception of brief trips to utilize designated smoking areas, walking in the immediate vicinity of the building (usually within 100 feet), and limiting close contact (within 6 feet) with others. If your facility contains an in house gym, do not use it.

Question 2. Can I accept food deliveries from various services?

Answer 2. Yes, food must be placed outside the room. Minimize close contact (within 6 feet).

Question 3. Can my family or friends visit me?

Answer 3. Yes, provided they do not enter your room. Conversations should be held with visitors staying in the passageway outside the room and Service Members in their room. Minimize close contact (within 6 feet).

Question 4. Can I do my laundry?

Answer 4. Yes, but you should coordinate with your command to utilize in house laundry facilities.

Question 5. How do I obtain personal hygiene items?

Answer 5. Utilize the point of contact provided by your command to arrange for purchase of these items.

Question 6. Will my room be cleaned daily?

Answer 6. No, your room will not be cleaned during your stay. Trash pickup is available by placing your trash can in the passageway.

Question 7. Is Personal Protective Equipment required for personnel in my vicinity?

Answer 7. No, you should limit close contact (within 6 feet) with others.

Question 8. Can I ROM in open bay barracks or in rooms with shared bathrooms?

Answer 8. No, individuals should be placed in separate lodging (when available).

Question 9. Can I use public transportation if in ROM status?

Answer 9. No, individuals on ROM should avoid crowds and public locations.

Question 10. Can I get off ROM early if I was in close contact to a person with COVID-19, and I feel like I am not sick?

Answer 10. No, the Centers for Disease Control (CDC) recommends 14 days of ROM from the last date of exposure to a COVID-19 positive person.

Question 11. What is the difference between quarantine and restriction of movement (ROM)?

Answer 11. Quarantine is a legal public health term used for civilian restrictions and ROM is a military term being used to identify military individuals who are restricted in their movement, generally to their residence.

Question 12. Are my family members at risk if I ROM at home with them?

Answer 12. ROM status is a precautionary step to prevent spread to others. Considering this, it is recommended that while at home in a ROM status, you practice social distancing. This means try to remain at least 6 feet from other persons, avoid using the same bathroom, or sleeping in the same bed.

Question 13. Can I prepare meals for my family while on ROM?

Answer 13. When in a ROM status, it is recommended you not prepare meals for your family because the virus is spread through respiratory droplets that can land on surfaces such as food. Ideally, you should have other individuals prepare food. If you are the only care giver, make sure you are washing your hands with soap and water for 20 seconds for general food safety. Make sure you cover your nose and mouth when coughing and wash your hands after using the bathroom.

Question 14. Should I be wearing a mask?

Answer 14. Masks will not protect you from inhaling the virus. The virus is very small and can make its way through and around the mask. The best way to prevent being infected or infecting others is to practice social distancing and good hygiene techniques (such as washing your hands regularly with soap and water for at least 20 seconds, avoid touching your face, avoid sick persons, etc).

Question 15. Do I need to clean my house to CDC standards?

Answer 15. It is recommended you maintain a clean living environment as you normally would. This includes frequent hand washing, washing clothing and bedding, and wiping down frequently touched

surfaces with a sanitizing wipe or any cleaning product that contains at least 10 percent bleach. The Environmental Protection Agency has a list of products that have been specifically tested as effective in sanitizing surfaces.

9. Released by Vice Admiral M. M. Jackson, Commander, Navy Installations Command.//

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COVID-19 outbreak on the Diamond Princess cruise ship: estimating the epidemic potential and effectiveness of public health countermeasures

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Key words: coronavirus; SARS-CoV-2; basic reproduction number; isolation and quarantine; incubation time; evacuation

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Abstract:

Background: Cruise ships carry a large number of people in confined spaces with relative homogeneous mixing. On 3 February, 2020, an outbreak of COVID-19 on cruise ship Diamond Princess was reported with 10 initial cases, following an index case on board around 21-25th January. By 4th February, public health measures such as removal and isolation of ill passengers and quarantine of non-ill passengers were implemented. By 20th February, 619 of 3,700 passengers and crew (17%) were tested positive.

Methods: We estimated the basic reproduction number from the initial period of the outbreak using SEIR models. We calibrated the models with transient functions of countermeasures to incidence data. We additionally estimated a counterfactual scenario in absence of countermeasures, and established a model stratified by crew and guests to study the impact of differential contact rates among the groups. We also compared scenarios of an earlier versus later evacuation of the ship.

Results: The basic reproduction rate was initially 4 times higher on-board compared to the R_0 in the epicentre in Wuhan, but the countermeasures lowered it substantially. Based on the modeled initial R_0 of 14.8, we estimated that without any interventions within the time period of 21 January to 19 February, 2920 out of the 3700 (79%) would have been infected. Isolation and quarantine therefore prevented 2307 cases, and lowered the R_0 to 1.78. We showed that an early evacuation of all passengers on 3 February would have been associated with 76 infected persons in their incubation time.

Conclusions: The cruise ship conditions clearly amplified an already highly transmissible disease. The public health measures prevented more than 2000 additional cases compared to no interventions. However, evacuating all passengers and crew early on in the outbreak would have prevented many more passengers and crew from infection.

Introduction

Cruise ships carry a large number of people in confined spaces with relative homogeneous mixing over a period of time that is longer than for any other mode of transportation.¹ Thus, cruise ships present a unique environment for transmission of human-to-human transmitted infections. The association of acute respiratory infections (ARI) incidence in passengers is statistically significant with season, destination and duration of travel.² In February 2012, an outbreak of respiratory illness occurred on the cruise ship off Brazil, resulting in 16 hospitalizations due to severe ARI and one death.³ In May 2020, a dual outbreak of pandemic (H1N1) 2009 and influenza A (H3N2) on a cruise ship occurred: of 1,970 passengers and 734 crew members, 82 (3.0%) were infected with pandemic (H1N1) 2009 virus, and 98 (3.6%) with influenza A (H3N2) virus.⁴ Four subsequent cases were epidemiologically linked to passengers but no evidence of sustained transmission to the community or passengers on the next cruise was reported.⁴ In September 2000 an outbreak of influenza-like illness was reported on a cruise ship sailing off the Australian coast with over 1,100 passengers and 400 crew on board, coinciding with the peak influenza period in Sydney.⁵ The cruise morbidity was high with 40 passengers hospitalized, two of whom died. A total of 310 passengers (37%) reported suffering from an influenza-like illness.

In December 2019, a novel coronavirus, SARS-CoV-2, emerged in Wuhan, China and rapidly spread within China and then to various global cities with high interconnectivity with China.^{6,7} The resulting ARI due to this coronavirus, a disease now coined COVID-19, is thought to be mainly transmitted by respiratory droplets from infected people. The mean serial interval of COVID-19 is 7.5 days (95% CI, 5.3 to 19) and the initial estimate for the basic reproductive number R_0 was 2.2 (95% CI, 1.4 to 3.9),⁸ although higher R_0 have since been reported with a mean of more than 3.⁹ On 18 February 2020, China's CDC published their data of the first 72,314 cases including 44,672 confirmed cases.¹⁰ About 80% of the confirmed cases were reported to be mild disease or less severe forms of pneumonia, 13.8% severe and 4.7% critically ill. Risk factors for severe disease outcomes are older age and comorbidities. The progression to acute respiratory distress syndrome occurs approximately 8-12 days after onset of first symptoms, with lung abnormalities on chest CT showing greatest severity approximately 10 days after initial onset of symptoms.^{11-13,14} Evidence is mounting that also mildly symptomatic or even asymptomatic cases can transmit the disease.^{15,16}

On 3rd February, 2020, an outbreak of COVID-19 was reported on Cruise Ship Princess Diamond off the Japanese coast, with initially 10 persons confirmed to be infected with the virus. The number has since ballooned into the largest coronavirus outbreak outside of mainland China. By 19th February, 619 of 3,700 passengers and crew (17%) were tested positive. By end February, six persons had died. The outbreak was traced to a Hong Kong passenger who embarked on January 21st and disembarked on January 25th. After docking near New Taipei City, on January 31, the ship arrived in Yokohama, Japan. By the following day, the Japanese health ministry ordered a 14-day quarantine for everyone on board and rushed to close its ports to all other cruise ships. The public health measures taken according to news reports and the media were removal of all PCR positive passengers and crew from the ship and their isolation in Japanese hospitals. The remaining test-negative passengers and crew remained on board. Passengers were quarantined in their cruise ship cabins, and only allowed out of the cabin for one hour per day. By 20th February, the decision to evacuate was made and more than 3000 passengers left the ship. Most were air-evacuated by their respective countries.¹⁰

The cruise ship with a COVID-19 index case onboard between the 21-25th January serves as a good model to study its potential to spread in a population that is more homogeneously mixed, compared to the more spatially variable situation in Wuhan.

We set out to study the empirical data of COVID-19 confirmed infections on the Cruise ship Diamond Princess, to estimate the basic reproduction number (R_0) under cruise ship conditions, the response effectiveness of the quarantine and removal interventions, and compare scenarios of an earlier and later evacuation of the ship.

Methods:

We used data on confirmed cases on the cruise ship as published on a daily basis by public sources^{17,18} to calibrate a model and estimate the basic reproduction number R_0 from the time sequence and amplitude of the case rates observed. COVID-19 is thought to have been introduced by an index case from Hong Kong visiting the ship between the 21st to 25th of January, 2020. We thus used the date of 21st January 2020 as the first time point, $t=0$, assuming the index case was infectious from the first day on the ship. The estimates of R_0 and the associated Covid-19 incidence on the cruise ship was derived using a compartmental model estimating the dynamics of the number of susceptible (S), exposed (E), infected (I), and recovered (R) individuals, adapted but modified from a published COVID-19 study.¹⁹ We analyzed two instances of the model assuming respectively: (1) a homogenous population (3700 individuals), and (2) a stratified population of crew (1000 individuals) and guests (2700 individuals). The model used a relationship between the daily reproductive number, β , and R_0 to infer the transmissibility and contact rate across the whole cruise ship population by the relationship:

$$\beta = \text{transmissibility} * \text{contact rate} = R_0/i$$

where the infectious period equals to one over the recovery rate (γ), $i = 1/\gamma$

In the homogeneous model, the infectious period, i , of COVID-19 was set to be 10 days based on previous findings.⁸ In the situation of no removal (ill persons taken off the ship to be isolated in a Japanese hospital), the incubation period (or, the latent period), l was estimated to be approximately 5 days (ranging from 2 to 14 days).²⁰ In order to model the removal/isolation and quarantine interventions, we implemented time dependent removal and contact rates as described in Table 1. We performed additional sensitivity analysis reducing the R_0 to 3.7, an estimate of the average value across mainland China studies of COVID-19.⁹

We further estimated a counterfactual scenario of the infections dynamics assuming no interventions were implemented, in particular no removal and subsequent isolation of ill persons. We assumed an infectious period of 10 days, with a contact rate remaining the same as in the initial phase of the outbreak. Additionally, in the stratified model of crew and guests, the contact rate was assumed to be different due to the assumption that crew could not be easily quarantined as they had to continue their services on board for all the passengers and possibly had more homogeneous mixing with all the passengers, whereas passengers may be mixing more within their preferred circles and areas. We kept the transient change in the contact rate and the removal of all PCR confirmed patients starting from the 3rd and the 5th of February respectively as in the first model. Parameters are described in Table 1.

The model describing a homogeneous population onboard can be described by:

$$\frac{dS}{dt} = -\beta I \frac{S}{N}$$

$$\frac{dE}{dt} = \beta I \frac{S}{N} - E/l$$

$$\frac{dI}{dt} = E/l - \gamma I$$

$$\frac{dR}{dt} = \gamma I$$

where S denote all susceptible people on the cruise ship, E all exposed, I all infected and R all recovered or removed, and where $N = S + E + I + R$ denotes the whole population.

The model describing a stratified population onboard can be described by:

$$\frac{dS_g}{dt} = -\beta_{gg}I_g \frac{S_g}{N_g} - \beta_{cg}I_c \frac{S_g}{N_g}$$

$$\frac{dE_g}{dt} = \beta_{gg}I_g \frac{S_g}{N_g} + \beta_{cg}I_c \frac{S_g}{N_g} - E_g/l$$

$$\frac{dI_g}{dt} = E_g/l - \gamma I_g$$

$$\frac{dR_g}{dt} = \gamma I_g$$

$$\frac{dS_c}{dt} = -\beta_{cc}I_c \frac{S_c}{N_c} - \beta_{gc}I_g \frac{S_c}{N_c}$$

$$\frac{dE_c}{dt} = \beta_{cc}I_c \frac{S_c}{N_c} + \beta_{gc}I_g \frac{S_c}{N_c} - E_c/l$$

$$\frac{dI_c}{dt} = E_c/l - \gamma I_c$$

$$\frac{dR_c}{dt} = \gamma I_c$$

where S denotes susceptible, E exposed, I infected and R recovered or removed, $N = S + E + I + R$, and the subscript g and c are indicating guest and crew respectively. Overall, we assume mortality is negligible.

Models with interventions were calibrated to reports of total infection occurrence, while models simulating the counterfactual scenarios were left with the naïve parameter settings (no countermeasures). The net effects of the countermeasures were estimated as the difference between the counterfactual scenario and the model with the interventions. Model parameters are described in Table 1. The effectiveness of the countermeasures was estimated by calibration of the model to data.

We here also present estimations of the plausible consequences of a hypothetical third intervention strategy, whereby all individuals onboard would have been evacuated either on 3rd of February or 19th

of February. We estimated and presented the number of latent cases on 3rd February evacuation and on 19th February, 2020.

Results:

Using the SEIR model assuming relatively homogenous mixing of all people onboard, we calibrated the predicted cumulative number of infections from the model to the observed cumulative number of infections among all people onboard and estimated the initial R_0 to 14.8. This resembled an estimate of β (the daily reproduction rate) to 1.48. To derive this estimate we calibrated functions describing transient change in the β as a result of changes in contact rate and the removal of symptomatic infections. The parameter values of contact rate, quarantine interventions and removal presented in Table 1 are the results of the calibration to the observed cumulative incidence data. The contact rate between persons on the cruise ship was calibrated to give the best fit to data with a reduction of 70% by the quarantine countermeasure with onset 3rd February, 2020. The transient function of removal and isolation of infected cases with an onset on 5th February, 2020, reduced the infectious period from 10 to 4 days, and substantially reduced the transmission and sub-sequent infections on the ship. In Figure 1 we present the change in R_0 based on the relationship between R_0 and β and how it is affected by the transient countermeasures of quarantine and removal of ill patients from the model. Here R_0 should be interpreted as the basic reproductive rate in a totally naïve population on the Diamond Princess (i.e. same contact rate), and not the actual basic reproductive number over time on the cruise ship. The R_0 was 14.8 initially and then R_t declined to a stable 1.78 after the quarantine and removal interventions were initiated (Figure 1).

The predicted cumulative number of cases over time from this model described the observed cases well, but overestimated the cumulative case incidence rate initially (Figure 2). This allowed to compensate for reporting bias in the initial phase, given that the proportion of testing of all passengers was patchy while at the end of the study (19th February, 2020) the testing of passengers had a higher coverage and was more complete. The modelled cumulative number of cases on 19 February, 2020, is 613 out of the 3700 people at risk, while the observed reported number of cases is 619. The counterfactual scenario assuming homogenous rates among crew and guests without any interventions (no removal off the ship or isolation of ill persons nor any quarantine measures for the remaining passengers on boat), estimated the number of cumulative cases to be 2920 out of the 3700 after 30 days, that is by 19th of February (Figure 2). The net effect of the combined interventions was estimated to prevent a total number of 2307 cases by 19th February, 2020 (Figure 2).

In a sensitivity analysis we modified the R_0 to 3.7 (and consequently β to 0.37) as this has been reported the average basic reproduction number from studies of COVID-19 in China.⁹ However, from

our simulation, even in the absence of any intervention, such a low R_0 cannot explain the rapid growth of incident cases on the cruise ship (Figure 3). This sensitivity scenario excluded countermeasures from the model making it unrealistic that such a low R_0 value could be the true value in the cruise ship situation with confined spaces and high homogeneous mixing of the same persons. The estimate with the lower R_0 value also omitted to consider the strong interventions put into place, making it even more unrealistic.

We additionally modeled a scenario stratified by crew and guests whereby we assumed the parameter values of transmission risk to be lower for crew to guest than for guest to crew (Table 1). The predicted cumulative number of infected crew and guests by 19th of February from this model was 168 out of 1000 (16.8%) and 464 out of 2700 (17.2%), respectively (Figure 4). The total number of cumulative cases by 19th of February predicted from this model was 632, close to the observed number of cases of 619. The predicted cumulative incidence rates were overestimated for crew while underestimated for guests based on available tests results at the time of writing (Figure 4). These data still need to be validated against the empiric data of test results in all crew and passengers which should soon become available.

Instead of keeping all passengers on board, another option would have been to evacuate all individuals onboard the cruise ship earlier, and allow them to go home for a potential quarantine in their respective home countries. We modeled that an evacuation by 3rd February, 2020, would have resulted in 76 latent cases (cases during the incubation time), while an evacuation by 19th February would have resulted in 246 latent cases.

Discussion:

Modelling the COVID-19 on-board outbreak reveals important insights into the epidemic risk and effectiveness of public health measures. We found that the reproductive number of COVID-19 in the cruise ship situation of 3,700 persons confined to a limited space was around 4 times higher than in the epicenter in Wuhan, where R_0 was estimated to have a mean of 3.7.⁹ Interestingly, a rough estimation of the population per square km on this 18-deck ship is 286 by 62 meters (0.32 km²). Assuming that only 50% of decks are being used, approximately 24,400 persons are confined per km² on a ship compared to approximately 6000 persons per km² (9,000,000/1528) in urban Wuhan. This means that the population density was about 4 times higher on the cruise ship. Thus, both R_0 and contact rate are dependent on population density, as also suggested by previous research.²¹ In population-based models on observational data the population per square km is often substantially different, affecting the R_0 and β coefficient implicitly by changes in the contact rate expressed as:

$$\frac{R_0}{i} = \text{Transmissibility} * \text{contact rate}$$

The local estimate of R_0 can be divided into a localized contact rate and a multiplier that is necessary for moving from one population to another:

$\text{contact rate} = \text{contact rate}_{\text{localized}} * pd$, where pd is the population density multiplier. In our case it was approximated to 4. Here the contact rate is relating to a contact rate in a defined population in a certain area and the population density multiplier modifies the contact rate when moving across different local population and geographical areas representing heterogeneity in population density. In the case of the cruise ship, the potential relationship of R_0 to population density appear thus mainly be attributed to the contact rate and mixing effects. This information is also important for other settings characterized by high population densities.

With such a high R_0 , we estimated that without any interventions within the time period of 21st January to 19th February 2020 out of the 3700 (79%) would have been infected, assuming relatively homogenous mixing between all people on board.

The quarantine and removal interventions launched when the outbreak was confirmed (3rd February and 5th of February) substantially lowered the contact rate and reduced the cumulative case burden by an estimated 2307 cases by 19th February. We note, however, that the longer time span of simulation beyond 19th February, assuming people would stay on the boat, would reduce the net effect of the intervention substantially. We further note that an earlier evacuation would have corresponded to disembarking a substantially lower number of latent undetectable infections (76 vs. 246), likely giving rise to some further transmission outside the ship.

We also found that contact rate of guest to guest and crew appeared higher than the contact rate from guest to crew, perhaps driven by high transmission rates within cabins. However, testing of crew was delayed, and there was a testing bias towards testing more passengers than crew. Hence our access to empiric data may have and this analysis need to be revisited when all data is available.

The limitations of our study include our lack of data on the lag time between onset of symptoms, the timing of testing and potential delay to the availability of test results. Due to the large number of people, not everyone was tested, and we suspect that the timing of the test results do not totally tally with real-time onset of cases. We had no access to data on incident cases in crew versus passengers, nor any data on whether there was clustering of cases around certain nationalities or crew members. Furthermore, although the Hong Kong passenger was assumed to be the index case, it could well have been possible that there was more than one index case on board who could have contributed to transmission, and this would have lowered our estimated R_0 . Lastly, our models are based on human-

to-human transmission and do not take into account the possibility that fomites, or water systems with infected feces, contributed to the outbreak.

The interventions that included the removal of all persons with confirmed COVID-19 disease combined with the quarantine of all passengers substantially reduced the anticipated number of new COVID-19 cases compared to a scenario without any interventions (17% attack rate with intervention versus 79% without intervention) and thus prevented a total number of 2307 additional cases by 19th February. However, the main conclusion from our modelling is that evacuating all passengers and crew early on in the outbreak would have prevented many more passengers and crew members from getting infected. A scenario of early evacuation at the time of first detection of the outbreak (3 February) would have resulted in only 76 latent infected persons during the incubation time (with potentially still negative tests). A late evacuation by 19th February would have resulted in about 246 infected persons during their incubation time. These data need to be confirmed by empiric data of testing all evacuated persons after 19th February, and may be an overestimate as we assumed a stable R_0 after quarantine was instituted. However, the R_0 probably declined over time, as the implementation of quarantine measures were incrementally implemented leading to better quarantine standards towards the end of the quarantine period.

In conclusion, the cruise ship conditions clearly amplified an already highly transmissible disease. R_0 is related to population density, and is particularly driven by contact rate and mixing effects, and this explains the high R_0 in the first weeks before countermeasures were initiated. Population densities and mixing need to be taken into account in future modeling of the COVID-19 outbreak in different settings. Early evacuation of all passengers on a cruise ship- a situation with confined spaces and high intermixing- is recommended as soon as an outbreak of COVID-19 is confirmed.

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Table 1. Model parameter description and values. Start time ($t = 0$) the 20 th of January.		
Parameters	Explanation (unit)	Estimated to
β	Overall transmissibility and contact rate (1/day)	1.48 if $t < 14$ 0.44 if $t \geq 14$
l	Incubation period (days)	5 days
i	Infectious period or time to removal (days)	10 if $t < 16$ 4 if $t \geq 16$
N	Total number of people onboard (persons)	3700
β_c	Transmissibility and contact rate crew (1/day)	1.15 if $t < 14$ 0.35 if $t \geq 14$
β_{gg}	Transmissibility and contact rate guests to guests (1/day)	1.15 if $t < 14$ 0.35 if $t \geq 14$
β_{gc}	Transmissibility and contact rate guests to crew (1/day)	0.17 if $t < 14$ 0.05 if $t \geq 14$
N_g	Total number of guests onboard (persons)	2700
N_c	Total number of crew onboard (persons)	1000

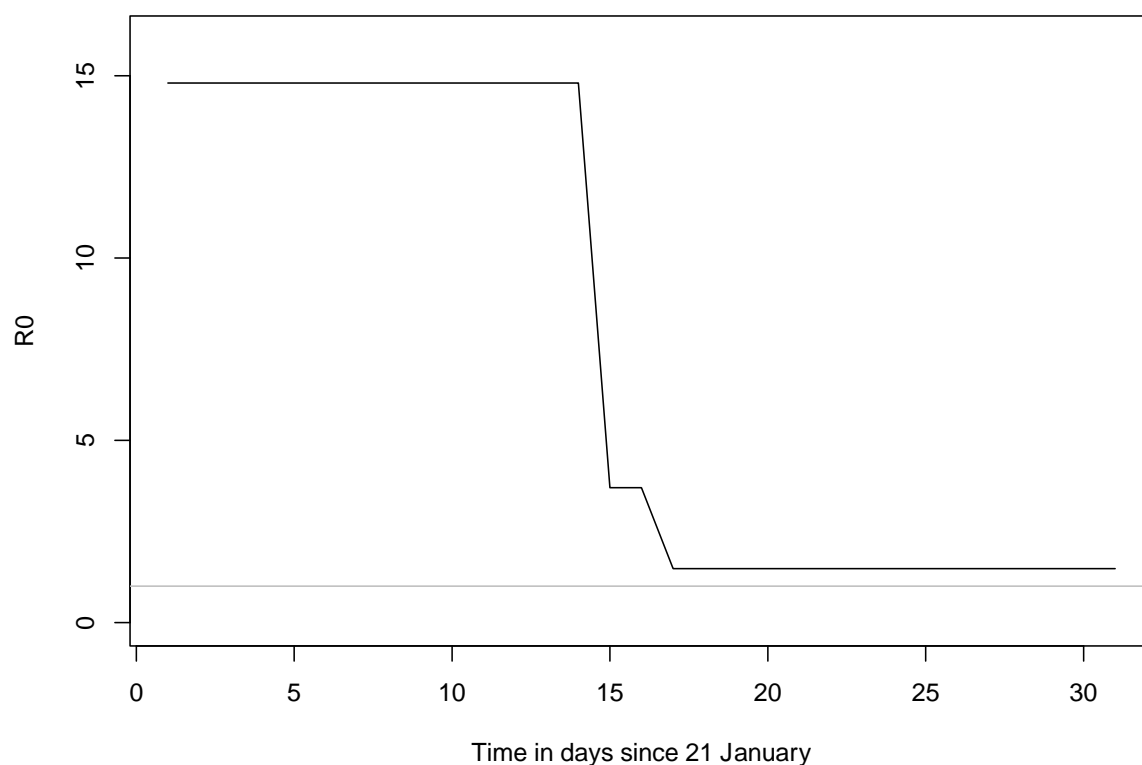


Figure 1. The estimated basic reproduction number, R_0 , on the cruise ship and its change over time as a result of the transient interventions of quarantine and removal of infectious cases. The R_0 given here assumes one index case in a totally naïve population, although that is not the case on the ship, we use it here to illustrate how the R_0 is sensitive to the interventions, but still substantially large to fuel a continuation of the epidemic. The grey line indicates $R_0 = 1$.

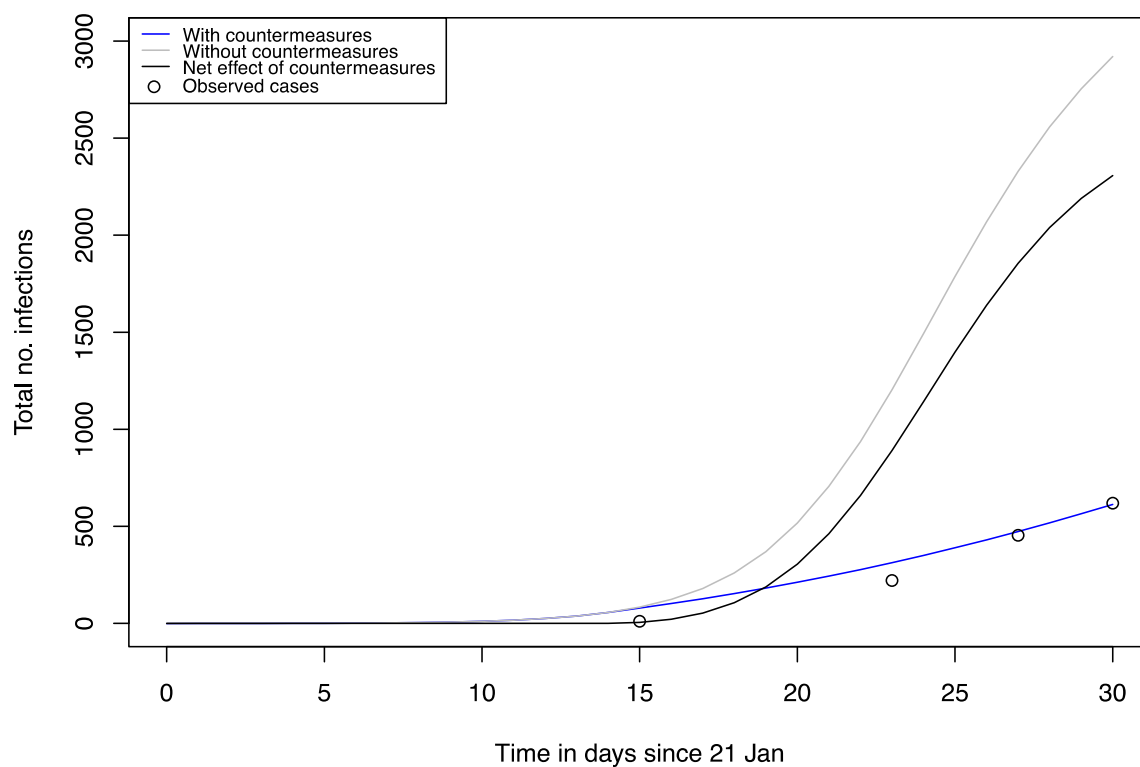


Figure 2. Predicted total number of infections using model 1 (no stratification) for the realistic situation with interventions (blue), counterfactual scenario without intervention (grey) and the net effect of the interventions (black).

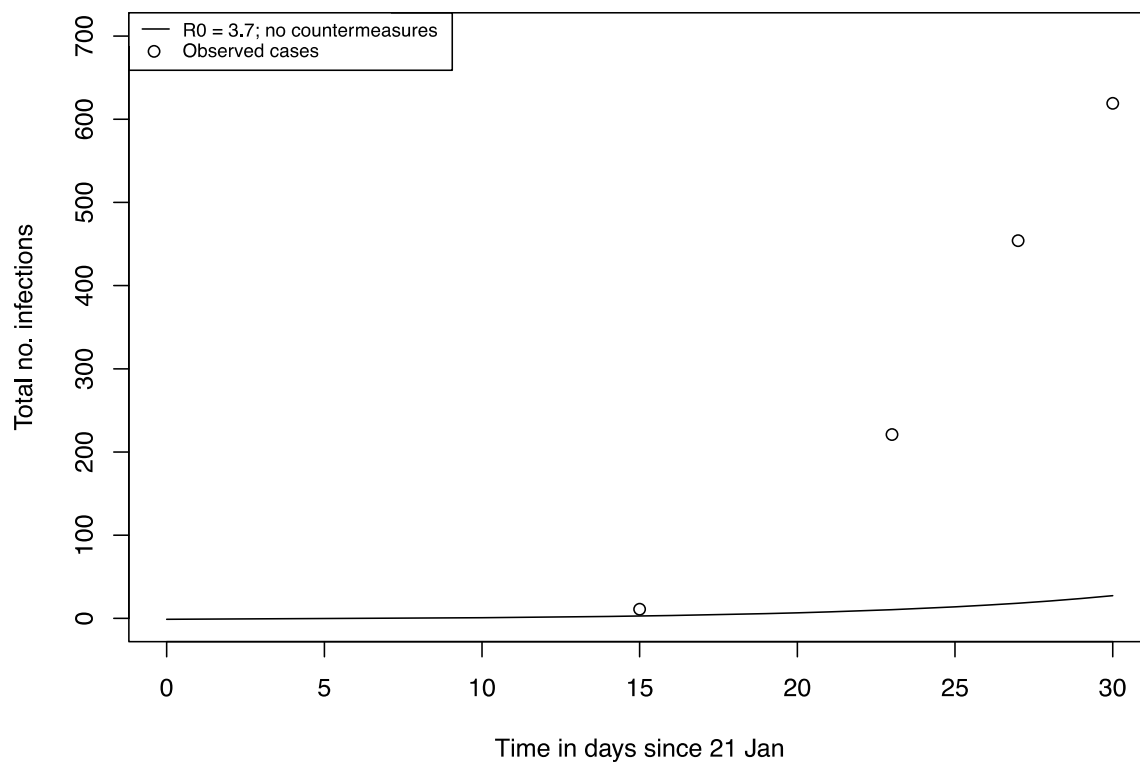


Figure 3. Sensitivity analysis: predicting total number of infections using a model without interventions with R_0 set to 3.7 with index case 21th January (bottom). Observed reports of cumulative cases are marked as "o".

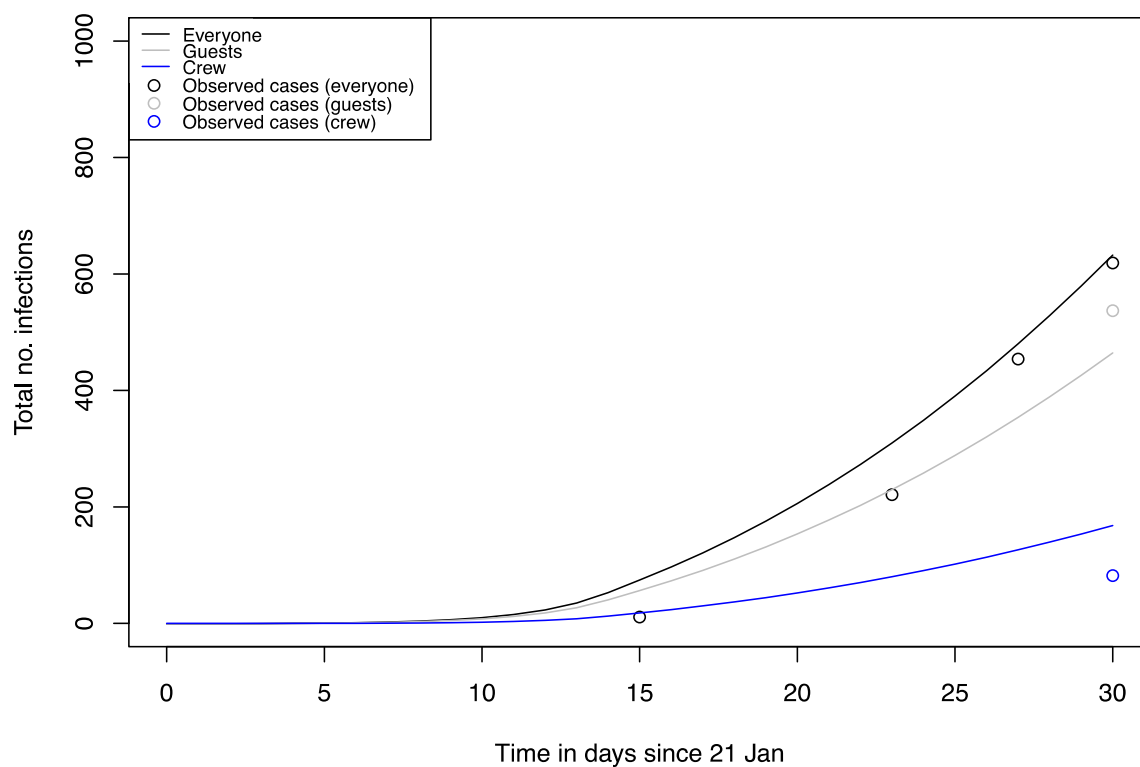


Figure 4. Predicted total number of infections using a model stratified into crew and guest for the realistic situation with interventions. Total population onboard (black), guests (grey), crew (blue). Observed total case numbers of total (black), crew (blue) and guest (grey) are marked as "o".

From: (b) (6) CAPT USN COMPACFLT N01H (USA) <(b) (6)@navy.mil>
Sent: Tuesday, May 19, 2020 4:10 AM
To: (b) (6) CAPT USN NAVY JAG WASH DC (USA) <(b) (6)@navy.mil>
Subject: RE: TR INVESTIGATION -- REQUESST FOR RESPONSE

CAPT (b) (6) ,

My apologies for the late response to this email. I did appreciate our discussion on SUN (17 May) covering the questions below.

My responses follow:

1. I do not specifically recall telling CAPT (b) (6) that an action he was taking was wrong. During the time from when COVID was confirmed by testing and the arrival to Guam, the focus was on ensuring he had the maximal support to frame/contain the problem to include PMO/preventive medicine support (flown while ship was en route) as well as coordination with C7F SG.
2. No.
3. I did participate in many, but not all of these meetings. CAPT (b) (6) also participated in many but not all meetings. The meetings were focused more up and out as far as requirements and support, rather than what specifically was being done within the ship as far as policy execution. I would anticipate release from quarantine and that approach to be shared with C7F SG, but not necessarily in this forum. If CAPT (b) (6) was unclear of approach, he certainly could solicit input in this forum and has done so with other questions.
4. No. I would recommend closure. The first 39 in quarantine were tested negative in VN, and subsequently released on ship after completing quarantine. These Sailors were felt to be low risk of infection. The approach would certainly change after first suspected cases – closure would be an expected public health response.
5. Very seriously. This is an all-out total team effort to combat COVID and keeping it off the ship. CPF has been consistent with this approach and frequent with this message.

V/R,

CAPT (b) (6) , MC, USN
Pacific Fleet Surgeon
Commander, U.S. Pacific Fleet

COMM: (b) (6)

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From: (b) (6) CAPT USN NAVY JAG WASH DC (USA) <(b) (6)@navy.mil>
Sent: Sunday, May 17, 2020 2:44 PM

To: (b) (6) CAPT USN COMPACFLT N01H (USA) <(b) (6)>@navy.mil>
Subject: TR INVESTIGATION -- REQUEST FOR RESPONSE

CAPT (b) (6),

I have been appointed by the Vice Chief of Naval Operations, ADM Robert Burke, to serve as a part of a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71). Attached is a copy of my appointing letter.

Thank you for speaking with me earlier concerning CAPT (b) (6). In order to have a written record for inclusion in the report, can you please answer the below questions in your own words. Your response is requested as soon as possible.

Questions:

1. In regards to the fight to prevent the spread of COVID-19 aboard the USS THEODORE ROOSEVELT (CVN 71) (TR), do you ever recall telling CAPT (b) (6) that some action he was taking or recommending was wrong?
2. Were you aware that the TR made a decision to release quarantined Sailors from the aft portion of the ship to go back to their regular berthing after arriving in Guam?
3. Did you participate in daily synchronization meetings to discuss COVID-19 and, if so, would you expect such meetings to include a discussion about the possibility of releasing quarantined Sailors from the aft portion of the ship to go back to their regular berthing after arriving in Guam?
4. Did CAPT (b) (6) ever consult with you about closing common areas on the ship where Sailors would congregate in close contact with each other (e.g., gyms, ship's stores, barber shops, and chapels) and, if not, what would your advice have been if CAPT (b) (6) had asked for it? Would it make a difference whether he asked you before the first positive COVID-19 test (while 39 Sailors were in quarantine following a port visit to Vietnam) or after the first positive COVID-19 test? If so, what would your advice have been on each occasion?
5. How seriously does CPF want ship's to implement precautions to stop the spread of COVID-19?

Thank you in advance for your cooperation in this matter. The investigation is ongoing, so please do not discuss the above questions or your answers with anyone other than members of the investigation team. Again, thank you.

V/R,
CAPT (b) (6)

CAPT (b) (6), JAGC, USN
Command Investigation Team Legal Advisor
Vice Chief of Naval Operations

In follow up to our phone call on 13May2020, I offer the following points for the investigation's consideration. All data was compiled from notes, emails, conversations to clarify dates and personal/collective recollections. All dates are Guam local.

Government of Guam Response

From the onset of the first MEDEVAC flights from USS THEODORE ROOSEVELT, JRM has benefited from the solid support from people and Government of Guam led by Governor Leon Guerrero in our efforts to assist our shipmates. After my initial notification to her of the first three MEDEVAC patients on 25March2020, followed by my notification of 21 more COVID (+) patients on 26March2020, the Governor has been consistently receptive to my periodic updates concerning our response helping the Sailors of THEODORE ROOSEVELT. As the situation onboard the ship became more serious and the medical response evolved 27 to 29March2020 my conversations with the Governor became more frequent. During a phone conversation on 28March2020 with Governor Leon Guerrero, at her request in preparation for her COVID-19 DSCA call with the INDOPACOM Commander, I first broached the subject of billeting quarantined TR Sailors in Guam commercial hotels. Initially I was cautious because I understood the potential political risk that the Governor may be opening herself up to given the CNO and SECNAV's statements of 26March2020. During the conversation on 28March2020 and in subsequent "temperature taking" calls between my Chief of Staff and the Governor's Chief of Staff concerning the "hotel option" I was very appreciative of the Governor and her staff's objective consideration to the proposal to quarantine Sailors in commercial hotels despite the unknown nature of and widespread concerns about the COVID-19 virus.

Following the initial calls during which the Governor pledged her assistance saying that "we (Guam) need to support the people who defend us. This is the humanitarian thing to do" we quickly began the background work of identifying the scope and requirements. The Governor's Chief of Staff provided an initial referral to the President of the Guam Hotel and Restaurant Association (GHRA) on 29March2020. The detailed, immediate planning fell to my Chief of Staff, Captain (b) (6), Mr. (b) (6), JRM's Regional Lodging Director and Ms. (b) (6), the President of GHRA, in conjunction with the THEODORE ROOSEVELT leadership on approximately 30March to 01April2020. Of note, I believe that THEODORE ROOSEVELT was aware of the hotel closures as JRM received an inquiry from Marriott Sales San Diego through GHRA on 31March 2020. This inquiry via email indicates on or before 30March2020 someone affiliated with the THEODORE ROOSEVELT attempted to reserve 400 rooms at the Marriott, was interested in reserving 5000 rooms on Guam, and that at least one major hotel on Guam had closed. After the initial concept of operations was developed and the first hotels were identified by GHRA, a unified "walk through" of partner hotels was arranged on 01/02April2020 at the various sites to reach an agreement on the operational concept between the Navy, hotel management, GHRA and various Government of Guam agencies.

I have been continually impressed by the responsiveness of the Governor's team and that of the community/commercial partners. It should be noted that the majority of the hotels were shut down at the time of the first discussions with the Governor and GHRA, with permanent staff layoffs in progress, due to the financial situation resulting from the drop in tourist travelers to Guam in the wake of the COVID-19 pandemic.

Impact of Captain Crozier's Letter

As we were in the early process of developing the hotel CONOPS, which started with my phone conversation with Governor Leon Guerrero on 28March2020, we consciously refrained from any public comment concerning this effort to allow the Governor to make a public announcement of support for the plan. When CAPT Crozier's memorandum was published in the San Francisco Chronicle (01April2020), the result was public consternation, significant Guam Legislature concerns expressed publicly in the media, via direct letters and during a JRM-Legislator briefing session via phone, and a local media environment which was trending negative. While the article did not change the Governor's support for THEODORE ROOSEVELT, she indicated it usurped her team's opportunity to shape the public narrative for the partnership. The Governor had intended to voice her support during a press conference on 01April2020 in order to convey the well-managed and thoughtful Civil-Military response to the situation on the ship. The San Francisco Chronicle article and Captain's memorandum changed the narrative from a measured response to an urgent and reactive crisis. The Governors' staff had some concern that the "dire situation" that CAPT Crozier described in his memorandum would result in increased public health concern among the community, potentially drum up more vocal opposition from anti-DoD activists, and negatively impact the GHRA's support of this COA - resulting in the loss of critical capacity to house quarantined Sailors. Ultimately a plan to quarantine Sailors went forward, but the opportunity for a coordinated messaging initiative was lost.

The publication of the memorandum did not speed up or slow down execution of the hotel COA as discussions and negotiations were already in progress starting 28March2020 with a tentative rollout on 01April2020. If the memorandum had not been written or published, Sailors would have still been quarantined in hotels, in DoD houses and mass lodging areas on Naval Base Guam, as the requirement to move the majority of personnel off the ship had been identified and communicated to JRM as early as 27/28March2020 by both the CSG-9 and C7F Commanders. The actual impact of publication of the memorandum was mission distraction and consumption of limited bandwidth, as numerous DoD and local government RFIs and media RTQs pulled staff and senior leadership time and attention away from the actual THEODORE ROOSEVELT support mission, and added friction points to the support process. The Governor's COS' sentiments summarize the memorandum's effect as "not helpful."

Response by Guam Military Leadership

Concerning the initial response to the arrival of THEODORE ROOSEVELT, I was fortunate to have a community of Navy Captains on the island and within the fleet that already enjoyed a cooperative and robust working relationship. With strategic commander's guidance and vague initial requirements, the local military team went into overdrive following notification on 25March2020 of THEODORE ROOSEVELT's pending arrival. Led by the Commanding Officer of Naval Base Guam (CO NBG), the Joint Region Marianas Chief of Staff (JRM COS) and the C7F Chief of Staff, this group of leaders created a rough medical concept of operations and billeting options for Sailors requiring quarantine and isolation. Though the initial requirement was unknown, CO NBG used a planning assumption of 1000 beds to mobilize his installation team and the tenant community to assist in the care, feeding, logistics and transportation needs of THEODORE ROOSEVELT Sailors. He quickly set up pier side support and containment facilities,

mass and individual berthing options (more than 2400 cots and beds), relocated homeported Sailors from their barracks rooms to their individual ships, and also setup a tactical emergency operations center to manage the operation on the installation. CO NBG was fortunate to have tenant partners such as the Commodore of CTF-75 and the Commanding Officer of Naval Hospital Guam who never said no, worked in concert with other tenant commands assisting with care and feeding, logistics, transportation, housing, patient care and medical accountability. As we quickly developed additional quarantine capacity outside DoD fence lines JRM COS led the effort develop a parallel command and control, care and feeding, medical monitoring, security and transportation structure required to manage quarantined Sailors in commercial hotels. Requesting support from additional joint forces on Guam, Task Force Hotel grew to more than 350 personnel managing all quarantine requirements for more than 4,000 Sailors housed in 11 commercial hotels. Ultimately, the local DoD personnel response to supporting THEODORE ROOSEVELT Sailors totaled approximately 1,000 individuals.

Challenges

What challenged the shore response to support THEODORE ROOSEVELT the most was the lack of initial communication and clear articulation of requirements.

- MEDEVACS: As this crisis and the response was dynamic, unprecedented, and at a scale not seen, including MEDEVACs that were essentially unannounced and grew in scope from the arrival of three personnel on 25March2020 to 21 Sailors on 26 March 2020, clear communications were required to enable a coordinated, effective response. The first two days of MEDEVAC operations were done with minimal coordination from the ship to Naval Hospital Guam, which devolved into notification of pending MEDEVAC flights during VTCs as the aircraft were getting ready to launch and without the Naval Hospital's knowledge of inbound patients.
- QUARANTINE CAPACITY: These communications challenges continued through the first week where the requirements for shore billeting were not defined other than the need to get sick, close contact and assumed COVID negative Sailors off the ship. Though the THEODORE ROOSEVELT medical community voiced the opinion on or around 29/30March2020 that each infected or potentially infected Sailor needed an individual room with their own bathroom, physically that was impossible due to the lack of capacity on Naval Base Guam and the closed status of the local commercial hotels. This was communicated to the THEODORE ROOSEVELT via their Chain of Command with no further response from the ship. The initial planning assumption of 600-800 beds was generated by the JRM Commander in the absence of any communicated requirement from THEODORE ROOSEVELT to JRM or CO NBG. This initial estimate was later raised by the CO NBG on his own initiative and approved by CJRM to more than 1000 beds, and ultimately resulted in more than 2,400 beds and cots available on base. The upward adjustment of the requirement to house 3000-4000 Sailors ashore did not come from THEODORE ROOSEVELT to JRM or CO NBG, but rather was articulated on 27/28March2020 by both CSG-9 and C7F via TANDBERG and VTC to JRM leadership.

- **QUARANTINE CONDITIONS:** By 29March2020, Naval Base Guam had a 1,167 bed capacity to support Sailors in mass quarantine areas, though only 535 beds had been filled (Table 1). This capacity was developed in coordination with the Public Health Emergency Officers and Base Safety Personnel. Bed capacity was communicated daily to CSG-9 and C7F at the Flag Officer level and by CO NBG and COS JRM to THEODORE ROOSEVELT, CSG-9 and C7F leadership at the O-6/Staff Officer level. However, between 30March to 01April2020 issues of testing limitations onboard the ship, at the local Naval Hospital, and testing friction external to Guam, and the THEODORE ROOSEVELT Senior Medical Officer opinion that the mass quarantine areas would be unacceptable given the current knowledge of COVID-19, became apparent thereby resulting in several days of excess bed capacity on Naval Base Guam while Sailors remained onboard the ship rather than ashore in isolation or quarantine.

Date	NBG Bed Capacity	NBG Beds Used	Hotel Beds Available	Hotel Beds Used
27-Mar-20	840	264	0	0
28-Mar-20	939	382	0	0
29-Mar-20	1167	535	0	0
30-Mar-20	1351	897	0	0
31-Mar-20	1626	951	0	0
1-Apr-20	1767	969	0	0
2-Apr-20	2343	1060	180	180

Table 1

Witness Statement of Commander, Destroyer Squadron 23

On 9 May 2020, I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via videoteleconference.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: CAPT (b) (6) USN
Position: Commander, Destroyer Squadron 23 (COMDESRON TWENTY-THREE)

Email Addresses: _____

(b) (6) @cvn71.navy.mil

(b) (6) @navy.mil

(b) (6) @me.com

Phone(s): (b) (6)

I am the Commander, Destroyer Squadron 23. I am the Sea Combat Commander for Carrier Strike Group NINE. I have command of six destroyers and have an operational staff of 36 personnel embarked in USS THEODORE ROOSEVELT. During the month of March 2020, my staff and I were supporting operations across the 3rd, 4th, 5th, and 7th Fleet operating areas. All of my ships were in a deployed status during this timeframe. I characterize the pace of operations during this timeframe as very high.

Q: Were there concerns regarding the port visit prior to arrival?

Yes. There were a small number of cases reported in the North part of the country prior to the visit. The prevalent thinking was that because these cases were limited to the North part of the country, we were relatively safe in Da Nang. As a group, we conceded that if we took the data at face value, pulling in to Da Nang was low risk. Most of us felt the decision to go ahead with the Da Nang port visit was above our level. There was clear geopolitical value in conducting the port visit.

Q: Did you have any ships pull in with TR?

No. We had planned for USS PINKNEY to accompany us but their tasking changed. Prior to the Da Nang port visit, my staff was supporting five ships already underway. The majority of my effort as well as my staff remained focused on those ships and their issues.

Q: Were you aware of the TASKORD from C7F and what effort went into planning for that?

I was familiar with the C7F TASKORD, but was not directly involved in the planning effort onboard TR. One of our DESRON units, USS PAUL HAMILTON had conducted a port visit to Singapore in late February and we worked with them to achieve compliance with the C7F TASKORD and FRAGO.

Subj: Witness Statement of Commander, Destroyer Squadron 23

Q: Did you think the crew took the guidance seriously?

Yes. The ship and embarked staffs were engaged and applied oversight to ensure procedures were followed. A dedicated effort was made to change the culture to account for COVID-19 mitigation protocols. Messaging from the CO and XO was appropriate. The crew was aware and concerned about their own safety, health, and potential operational impacts with respect to COVID-19.

Q: Are you familiar with NTRP, NAVADMINs and other COVID-19 guidance?

Yes. I received guidance via message traffic and multiple emails from the CNSP CoS on applicable COVID-19 references including NAVADMINs, NTRP and other policy updates. We used NTRP 4-02 as a reference to conduct outbreak drills on CDS-23 ships in accordance with the TASKORD. In the days prior to our outbreak, I was reviewing a shipboard outbreak instruction for USS KIDD with the CNSP Force Surgeon and was actively tracking a PUI reported on USS PREBLE. COVID-19 policy was a steady discussion point in conversations with CDS-23 COs. I received and distributed NAVADMINs and other COVID-19 guidance regularly. Staying abreast of the most current guidance across multiple AORs was, and continues to be, a significant challenge.

Q: Was a liberty brief provided and did it discuss COVID-19?

As is typical, TR conducted a liberty brief that was played on CCTV onboard the ship. It was primarily focused on explaining the mechanics of going on liberty, which included the use of liberty cards and visa cards issued by the country of Vietnam for day and overnight authorizations. The brief did cover some basic COVID-19 precautions. There were other public service announcements generated by the ship's media department on COVID-19. CDS-23 staff conducted an internal liberty brief as well for embarked personnel, which included specific discussion on COVID-19 mitigations.

Q: Was it a good port visit?

Yes. Weather related embark/debark issues were the main issues we encountered. Boat operations were secured on several occasions due to sea state. It was frustrating for some, but the safety of the crew was understood as the priority. Embark and debark operations were supervised by the XO and were executed safely. Once off the ship, TR Sailors enjoyed the port visit. The crews' performance on liberty was excellent. To my knowledge there were no liberty incidents.

A Big Top reception had been planned onboard the carrier, but was changed to an offsite hotel due to weather concerns. I attended the event and recall receiving a temperature screening with touchless thermometer and being asked if I had symptoms prior to entry into the hotel. The screening precautions were planned for the Big Top on TR so I was pleased to see them in place at the new location despite the short notice change.

Q: Were you aware of the Sailors that had potential contact with COVID-19 positive British citizens?

Subj: Witness Statement of Commander, Destroyer Squadron 23

A day before the TR left Da Nang, I was back on the ship preparing for the underway when I was told of the Sailors who had potential contact with two British citizens who had tested positive for coronavirus. The 39 Sailors did not have confirmed contact, but were placed in a single berthing for quarantine out of an abundance of caution. I was not directly involved in planning or execution of the quarantine and no DESRON 23 sailors were among the 39 Sailors. The ship worked provided access to medical care, food, and quality of life issues for the quarantined Sailors. Both the CO and the CMC donned PPE and visited the Sailors during their quarantine. My impression was that the quarantine was well-executed. We also left Da Nang with additional medical personnel to help us conduct COVID-19 testing onboard.

After we left Da Nang we were concerned about bringing a COVID-19 infection onboard. The CO and XO messaged to the crew about the importance of the cleaning and sanitization protocol, covering your cough and going down to Medical if you had symptoms – of having integrity in self-reporting symptoms and not “fighting your way through it.” The messaging was aligned to guidance during that time period. We continued cleaning/sanitizing protocols and social distancing. There were numerous IMC calls/updates to the crew by XO and CO.

Infection data and COVID-19 related news updates were briefed daily at MUB and TFCC stand-up meetings.

Q: Approximately when did you become aware of COVID cases onboard the TR? What can you tell me about the discussions and actions after the first Sailor tested positive?

The first Sailor tested positive on March 23rd and I was made aware within a couple hours. Contact tracing and movement to establish a quarantine area began immediately. We knew we had to take aggressive action given the unique transmissibility of the virus.

The decision was made very quickly to proceed towards Guam. We worked logistics for a medical evacuation to Guam, which seemed the most accessible location given our operating area.

Q: Was the SMO involved in the discussions among warfare commanders?

The SMO was an active participant in the majority of warfare commanders' meetings and we all shared information in discussion. SMO was treated as a warfare commander and given a place at the table during WCBs. We viewed SMO as the supported commander for the outbreak response effort. We reviewed NMCPH and CNA projections to develop a sense for what to expect as we moved forward. The projections were grim. We assessed the number hospital beds and ventilators onboard TR and talked frankly about how many sailors would be at risk if the spread continued unchecked. We also talked about the Diamond Princess outbreak, which we viewed as a similar in some respects. We knew that cruise ships with COVID-19 onboard were being denied port entry, which brought forward concerns about access to Guam. We were aware that Guam was working through their own COVID-19 outbreak, mitigations and state of emergency. We talked openly about the possibility of having to recover at sea, pierside, with or without support from Naval Base Guam and without the support of civilian resources.

Subj: Witness Statement of Commander, Destroyer Squadron 23

Q: Were you aware that the US Navy initially informed Guam their assistance would not be required?

No. I was not directly involved in the dialogue external to TR regarding the use or potential use of Guam resources. I attended the 7th fleet CUBs and I was cc'd on email updates from Admiral Baker.

Q: What can you tell me about the 28 Mar 20 proposed paper generated from the warfare commanders? What was the driver for the document? What sources were used and why? What was the desired effect?

In the days prior to generating the information paper, approximately 25-28 March, we developed concerns about C7F direction on how to achieve recovery on TR; specifically, the use of negative test results to establish "clean" groups and the use of group quarantine to maintain those "clean" populations did not appear viable. There were other issues such as limited swab inventory, batch-testing taking priority over sick call patients, testing throughput for processing, and CDC compliance, but our chief concern was that the actions directed by C7F would not meet recovery expectations.

We raised our concerns and provided recommendations at the O-6 level and RDML Baker communicated our concerns in VTCs to C7F. I do not have a perfect account of who registered what concern and when, but my overall sense from being present was that RDML Baker understood our perspective and was communicating effectively up the chain. We were instructed to press forward and do what we could with what we had. We were asked what our plan was to achieve a clean virus-free ship. We were told in no uncertain terms to continue the batch-testing and separating those with negative test results until we had tested the entire crew. We took action and did our best to comply with the direction from HHQ.

On or about 28 March, the warfare commanders collectively decided to generate an information paper to communicate the facts as we understood them and the related context onboard TR. We felt that an information paper could more clearly and concisely communicate the issues onboard TR than continued VTC. The information paper was intended as a mechanism to illicit commander's guidance up echelon.

Q: Did you have input to it? How was it generated? What were the sources?

CAG generated the initial draft. On 29 March, I reviewed a draft of the warfare commanders' white paper. I made edits and sent it back with some comments. The sources came from materials on the CDC website, the Navy and Marine Corps Public Health (NMCPH) and Center for Naval Analysis (CNA). CAG sent the paper to RDML Baker and went into his office to talk with him about it around mid-day. This resulted in a 1600 meeting with warfare commanders, CoS and RDML Baker. At the end of that meeting, RDML Baker directed us to generate a brief with 4 COAs. That evening we generated the COA brief with the CSG-9 team.

Q: Did it have the desired effect?

Subj: Witness Statement of Commander, Destroyer Squadron 23

From my perspective, yes. The paper framed the problem, outlined the friction points and provided a recommendation to secure a large number of rooms for TR recovery. The paper, combined with the COA brief provided sufficient context as well as a range of options. In my view, we had organized and registered our concerns at the warfare commander level, provided the underlying context in the information paper and re-framed the problem into COAs that could be used to support a decision from HHQ.

Q: How would you characterize the USS THEODORE ROOSEVELT (CVN 71) CO email and ltr of 30 Mar 20 (Subj: REQUEST FOR ASSISTANCE IN RESPONSE TO COVID-19 PANDEMIC)?

I was surprised. After reading it, I went to CAPT Crozier's cabin to ask him about it. It was clear the letter in the email had been informed by the information paper. CAPT Crozier expressed to me that he did not tell us about his letter because he did not want to be talked out of sending it and that he wanted to protect the other warfare commanders from any repercussions.

Q: Why did he include those specific individuals in the TO and CC lines?

I do not know. The individuals listed represent TRs ADCON chain of command. I have a similar direct line of communication to the surface TYCOM.

Q: What was the response to the letter?

The letter appeared to accelerate and elevate dialog into the public domain. As stated above, we had generated COAs with RDML Baker and were moving them up the chain for consideration. Had we continued the staffing process using only the information paper and COA brief, I suspect we would have landed at a similar outcome.

Another response to the letter was the significant uptick in demand from up-echelon as well as public media outlets for additional data and information related to the TR situation. This demand required a shift in focus on TR and within all embarked staffs to support additional CCSG9 communications.

Q: Why did SMO send his letter?

I have no awareness of a letter from SMO.

Q: What can you tell me about the relationship among the warfare commanders and with RDML Baker.

We worked well together and trusted each other. As with any group, there were friction points that had to be resolved. We worked through conflicts quickly and easily.

As a Strike Group Commander, I found RDML Baker accessible and reasonable. I would characterize his relationship with the other warfare commanders as strong. There were points of friction, but from my view, they were resolved quickly and without drama.

Q: Is there anything else you would like to add?

Subj: Witness Statement of Commander, Destroyer Squadron 23

I am available for further questions or to provide additional detail on any of the answers provided.

I swear (or affirm) that the information in the statement above is true to the best of my knowledge or belief.

(b) (6)

CAPT (b) (6)

19 MAY 20

(Date)

1530 / +10k

Time

From: (b) (6) CAPT USN, USS Theodore Roosevelt
To: Baker, Stuart P RDML USN, CCSG-9
Cc: Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CSSG9; (b) (6) CAPT USN, CVW-11 CAG; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, COMDESRON23; (b) (6) CAPT BKH CO; (b) (6) CDR - BKH XO; (b) (6) LCDR USN, USS THEODORE ROOSEVELT; (b) (6) CMC USN, USS Theodore Roosevelt; (b) (6) MCPO USN CVW-11 (USA); (b) (6) CMC USN, CCSG9; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN, CCSG-9; (b) (6) HM1 USN, CCSG-9; (b) (6) CAPT USN, CCSG9; (b) (6) LT USN, CCSG-9
Subject: COVID-19 update 25 March - End of Day testing results
Date: Wednesday, March 25, 2020 10:18:20 AM
Attachments: OPREP3 COVID19 (Positive) Tracker 2020 - 25 March.xlsx

Admiral -

- 1) 23 positives at this point. An additional 4 from afternoon batch testing, 3 more from sick call, and 4 presumptive positives (close contacts from VFA-154, now with fever/symptoms consistent with COVID-19). Spreadsheet attached.
- 2) 9 positive groups yielded 11 positive cases ($11/192 = 5.7\%$). Relatively high number of asymptomatic positive individuals ($7/11 = 63.6\%$), will have a better overall look at group numbers after completing all the reactor testing. For reference, the cruise ship Diamond Princess had an asymptomatic positive rate of 18% - obvious differences in berthing.
- 3) 198 Rx testing tomorrow.
- 3) The four sailors that were medevac'd earlier today were evaluated at USNH Guam and hospitalization is not required. They are in their rooms at NGIS.
- 4) Current approximate close contacts: 750. Expect it will continue to grow, possibly getting close to 1000.

v/r,

SMO

-----Original Message-----

From: (b) (6) CAPT USN, USS Theodore Roosevelt
Sent: Wednesday, March 25, 2020 7:09 PM
To: Baker, Stuart P RDML USN, CCSG-9
Cc: Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CSSG9; (b) (6) CAPT USN, CVW-11 CAG; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, COMDESRON23; (b) (6) CAPT BKH CO; (b) (6) CDR - BKH XO; (b) (6) LCDR USN, USS THEODORE ROOSEVELT; (b) (6) CMC USN, USS Theodore Roosevelt; (b) (6) MCPO USN CVW-11 (USA); (b) (6) CMC USN, CCSG9; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN, CCSG-9; (b) (6) HM1 USN, CCSG-9; (b) (6) CAPT USN, CCSG9; (b) (6) LT USN, CCSG-9
Subject: RE: COVID-19 update 25 March - Mid-day testing results

Admiral,

Demographics from the 5 positives from mid-day:

CDR (b) (6) (b) (6), Navigation Department

AA (b) (6), (b) (6), VFA-154 -- medevac'd to the USNH Guam this afternoon.

AM2 (b) (6), (b) (6), HSM-75
ADAA (b) (6), (b) (6), VFA-154
AM1 (b) (6), (b) (6), HSM-75

We are currently tracking 3 more positives from the second batch of 3 (15 patients), and are running the last batch of 3. Should have all demographics and a better sense of what our total "close contact" number is by late tonight.

v/r,

SMO

-----Original Message-----

From: Baker, Stuart P RDML USN, CCSG-9
Sent: Wednesday, March 25, 2020 5:08 PM
To: (b) (6) CAPT USN, USS Theodore Roosevelt
Cc: Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CSSG9; (b) (6) CAPT USN, CVW-11 CAG; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, COMDESRON23; (b) (6) CAPT BKH CO; (b) (6) CDR - BKH XO; (b) (6) LCDR USN, USS THEODORE ROOSEVELT; (b) (6) CMC USN, USS Theodore Roosevelt; (b) (6) MCPO USN CVW-11 (USA); (b) (6) CMC USN, CCSG9; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) HM1 USN, CCSG 9
Subject: RE: COVID-19 update 25 March - Mid-day testing results

SMO - thanks for the update.

Need rank, age and rate of #4 as well as other demographics.

If I read this right you have done 3 of the batch test. Is that out of 9 so still 30 folks to go?

V/r,
Studa

-----Original Message-----

From: (b) (6) CAPT USN, USS Theodore Roosevelt
<(b) (6)@cvn71.navy.mil>
Sent: Wednesday, March 25, 2020 2:20 PM
To: Baker, Stuart P RDML USN, CCSG-9 <(b) (6)@ccsg9.navy.mil>
Cc: Crozier, Brett E CAPT USN, USS Theodore Roosevelt
<(b) (6)@cvn71.navy.mil>; (b) (6) CAPT USN, USS Theodore Roosevelt <(b) (6)@cvn71.navy.mil>; (b) (6) CAPT USN, CSSG9 <(b) (6)@ccsg9.navy.mil>; (b) (6) CAPT USN, CVW-11 CAG <(b) (6)@cvw11.navy.mil>; (b) (6) CAPT USN, CVW-11 DCAG <(b) (6)@cvw11.navy.mil>; (b) (6) CAPT USN, USS Theodore Roosevelt <(b) (6)@cvn71.navy.mil>; (b) (6) CAPT USN, COMDESRON23 <(b) (6)@cvn71.navy.mil>; (b) (6) CAPT BKH CO <(b) (6)@cg52.navy.mil>; (b) (6) CDR - BKH XO' <(b) (6)@cg52.navy.mil>; (b) (6) LCDR USN, USS THEODORE

ROOSEVELT <(b) (6)@cvn71.navy.mil>; (b) (6) CMC USN, USS
Theodore Roosevelt <(b) (6)@cvn71.navy.mil>; (b) (6) MCPO
USN CVW-11 (USA)' <(b) (6)@navy.mil>; (b) (6) CMC USN, CCSG9
<(b) (6)@ccsg9.navy.mil>; (b) (6) CDR USN, USS Theodore
Roosevelt <(b) (6)@cvn71.navy.mil>; (b) (6) CDR USN, USS
Theodore Roosevelt <(b) (6)@cvn71.navy.mil>; (b) (6) HM1 USN,
CCSG 9 <(b) (6)@ccsg9.navy.mil>
Subject: COVID-19 update 25 March - Mid-day testing results

Admiral,

Testing update (8 total so far):

3 positive from Monday/Tuesday (VFA-154, HSM-75, Rx)

4 positive today from three of the batch tests from last night, one

(VFA-154) with ILI symptoms/fever. Awaiting demographics on the other 3.

1 additional positive today, CDR (b) (6) came down with fever/chills.

Currently testing the additional batch tests from last night to get accurate numbers/demographic info.

Sending 4 (3 from Mon/Tues and the VFA-154 sailor from today) to Guam today via helo direct to the hospital. Hospital is tracking and standing by to receive. Anticipate sending the next 4 tomorrow, and likely more based on the rest of today's results.

Collecting info to have an idea of scope of "close contacts" from the newest positives.

v/r,

SMO

-----Original Message-----

From: Baker, Stuart P RDML USN, CCSG-9

Sent: Wednesday, March 25, 2020 10:31 AM

To: (b) (6) CAPT USN, USS Theodore Roosevelt

Cc: Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CSSG9;

(b) (6) CAPT USN, CVW-11 CAG; (b) (6) CAPT USN, CVW-11

DCAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6)

CAPT USN, COMDESRON23; (b) (6) CAPT BKH CO; (b) (6) CDR - BKH

XO; (b) (6) LCDR USN, USS THEODORE ROOSEVELT; (b) (6)

CMC USN, USS Theodore Roosevelt; (b) (6) MCPO USN CVW-11 (USA);

(b) (6) CMC USN, CCSG9; (b) (6) CDR USN, USS Theodore

Roosevelt; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6)

HM1 USN, CCSG 9

Subject: RE: COVID-19 update 25 March - First testing results

SMO - good update, thanks. We'll discuss more at 1100.

V/r,

Studa

-----Original Message-----

From: (b) (6) CAPT USN, USS Theodore Roosevelt

<(b) (6)@cvn71.navy.mil>

Sent: Wednesday, March 25, 2020 1:11 AM

To: Baker, Stuart P RDML USN, CCSG-9 <(b) (6)@ccsg9.navy.mil>

Cc: Crozier, Brett E CAPT USN, USS Theodore Roosevelt

<(b) (6)@cvn71.navy.mil>; (b) (6) CAPT USN, USS Theodore Roosevelt <(b) (6)@cvn71.navy.mil>; (b) (6) CAPT USN, CSSG9 <(b) (6)@ccsg9.navy.mil>; (b) (6) CAPT USN, CVW-11 CAG <(b) (6)@cvw11.navy.mil>; (b) (6) CAPT USN, CVW-11 DCAG <(b) (6)@cvw11.navy.mil>; (b) (6) CAPT USN, USS Theodore Roosevelt <(b) (6)@cvn71.navy.mil>; (b) (6) CAPT USN, COMDESRON23 <(b) (6)@cvn71.navy.mil>; (b) (6) CAPT BKH CO <(b) (6)@cg52.navy.mil>; (b) (6) CDR - BKH XO' <(b) (6)@cg52.navy.mil>; (b) (6) LCDR USN, USS THEODORE ROOSEVELT <(b) (6)@cvn71.navy.mil>; (b) (6) CMC USN, USS Theodore Roosevelt <(b) (6)@cvn71.navy.mil>; (b) (6) MCPO USN CVW-11 (USA)' <(b) (6)@navy.mil>; (b) (6) CMC USN, CCSG9 <(b) (6)@ccsg9.navy.mil>; (b) (6) CDR USN, USS Theodore Roosevelt <(b) (6)@cvn71.navy.mil>; (b) (6) CDR USN, USS Theodore Roosevelt <(b) (6)@cvn71.navy.mil>; (b) (6) HM1 USN, CCSG 9 <(b) (6)@ccsg9.navy.mil>

Subject: COVID-19 update 25 March - First testing results

Admiral,

Batch testing of the close contacts for the HSM-75 and VFA-154 sailors completed. 192 close contacts tested in groups of 5, with 9 positive group tests meaning 1-5 people per group test were positive = 9-45/192 positive = 4.7-23.4% incidence. Sending the testing team to bed. Will get the individual results tomorrow and work to get them off the ship. Will test the 5 reactor sailors (individual tests) in the first batch in the morning and then start the batch Reactor close contact testing (approx.. 200).

v/r,

SMO

-----Original Message-----

From: (b) (6) CAPT USN, USS Theodore Roosevelt

Sent: Tuesday, March 24, 2020 4:40 PM

To: Baker, Stuart P RDML USN, CCSG-9

Cc: Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CSSG9; (b) (6) CAPT USN, CVW-11 CAG; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, COMDESRON23; (b) (6) CAPT BKH CO; (b) (6) CDR - BKH XO'; (b) (6) LCDR USN, USS THEODORE ROOSEVELT; (b) (6) CMC USN, USS Theodore Roosevelt; (b) (6) MCPO USN CVW-11 (USA); (b) (6) CMC USN, CCSG9; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) HM1 USN, CCSG 9; DH_71

Subject: RE: COVID-19 update 24 March

Admiral,

Copy all and during the meeting the AMA declined to accept the tests for the concerns you raised about a live virus. We're still getting supplies from them and 2 prev med staff from NEPMU.

Second update while in the meeting: E4 from Reactor (RP div) tested positive. He presented with one day of symptoms at sick call this morning - temp of 101.4, body aches, sore throat. Currently working to get names/numbers of this next large batch of close contacts. The potential operational impacts of quarantining this large group is obviously significant. CO/XO/RO are aware.

To that end, as you pointed out, this will become a testing problem very quickly and we're back to batch testing in groups of five. While that will speed up testing some, with a small lab team that does the testing, there will be some delays as we have to let the lab team sleep at some point and they have been up since 2200 last night.

v/r,

SMO

-----Original Message-----

From: Baker, Stuart P RDML USN, CCSG-9

Sent: Tuesday, March 24, 2020 2:55 PM

To: (b) (6) CAPT USN, USS Theodore Roosevelt

Cc: Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CSSG9;

(b) (6) CAPT USN, CVW-11 CAG; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6)

CAPT USN, COMDESRON23; (b) (6) CAPT BKH CO; (b) (6) CDR - BKH XO; (b) (6) LCDR USN, USS THEODORE ROOSEVELT; (b) (6)

CMC USN, USS Theodore Roosevelt; (b) (6) MCPO USN CVW-11 (USA);

(b) (6) CMC USN, CCSG9; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6)

HM1 USN, CCSG 9; DH_71

Subject: RE: COVID-19 update 24 March

SMO - copy. Don't think we should send to AMA. We'll discuss at 1500.

V/r,

Studa

-----Original Message-----

From: (b) (6) CAPT USN, USS Theodore Roosevelt

<(b) (6)@cvn71.navy mil>

Sent: Tuesday, March 24, 2020 2:31 PM

To: Baker, Stuart P RDML USN, CCSG-9 <(b) (6)@ccsg9.navy mil>

Cc: Crozier, Brett E CAPT USN, USS Theodore Roosevelt

<(b) (6)@cvn71.navy mil>; (b) (6) CAPT USN, USS Theodore

Roosevelt <(b) (6)@cvn71.navy mil>; (b) (6) CAPT USN,

CSSG9 <(b) (6)@ccsg9.navy mil>; (b) (6) CAPT USN,

CVW-11 CAG <(b) (6)@cvw11.navy.mil>; (b) (6) CAPT USN,

CVW-11 DCAG <(b) (6)@cvw11.navy mil>; (b) (6) CAPT USN,

USS Theodore Roosevelt <(b) (6)@cvn71.navy.mil>; (b) (6)

CAPT USN, COMDESRON23 <(b) (6)@cvn71.navy mil>; (b) (6)

CAPT BKH CO <(b) (6)@cg52.navy mil>; (b) (6) CDR - BKH XO'

<(b) (6)@cg52.navy.mil>; (b) (6) LCDR USN, USS THEODORE

ROOSEVELT <(b) (6)@cvn71.navy.mil>; (b) (6) CMC USN, USS

Theodore Roosevelt <(b) (6)@cvn71.navy.mil>; (b) (6) MCPO

USN CVW-11 (USA)' <(b) (6)@navy mil>; (b) (6) CMC USN, CCSG9

<(b) (6)@ccsg9 navy.mil>; (b) (6) CDR USN, USS Theodore
Roosevelt <(b) (6)@cvn71 navy.mil>; (b) (6) CDR USN, USS
Theodore Roosevelt <(b) (6)@cvn71 navy mil>; (b) (6) HM1 USN,
CCSG 9 <(b) (6)@ccsg9 navy.mil>; DH_71 <(b) (6)@cvn71.navy mil>
Subject: COVID-19 update 24 March

Admiral,

Update on current events.

1. Planning to MEDEVAC the two COVID positive patients, plus one non-medical attendant, tomorrow - pending Governor of Guam approval. That issue is currently being worked by Ops.
2. Berthing and work centers plus a few other named individuals (named by the patients) yielded 201 close contacts. That number will likely rise. Based on recommendations from the medical chain of command and theater Prev Med specialists we are testing all of them individually. Half of the tests will be sent to the America on a helo this afternoon (1700) to load share and increase throughput. Anticipate it will take close to 24 hours for all results to be finalized.
3. A Preventive Medicine Officer and Prev Med Tech will be joining us from the America for an undetermined period of time. They will be able to assist in contact tracing, quarantine, etc.
4. Requesting that all departments, squadrons, and units resume daily verbal screening of their sailors. Specifically, asking for flu-like symptoms: fever, chills, cough, sore throat, shortness of breath and body aches. This needs to continue for 14 days (last day 7 April). If anyone answers "yes" to these questions, they need to be evaluated by Medical. Routine evaluation of these individuals will occur daily from 0730-0930 and 1930-2130. Obviously, if someone feels that they can't wait until those times, we can evaluate them at any time.
5. Bleachapalooza is now twice a day - 0730 and 2000.

Standing by for questions.

v/r,

SMO

LAST NAME	FIRST NAME	RATE/RANK	COMMAND	GENDER	AGE	DODID
(b) (6)		EM3	CVN 71	(b) (6)		
		LS2	CVN 71			
		CDR	CVN 71			
		ETNCS	CVN 71			
		AT2	VFA-154			
		AT2	VFA-154			
		AE3	VFA-154			

(b) (6)

LCDR USN NAVCIVLAWSUPPACT DC (USA)

From: (b) (6) LCDR USN, USS THEODORE ROOSEVELT <(b) (6)@cvn71.navy.mil>
Sent: Tuesday, March 31, 2020 2:24 AM
To: (b) (6) LCDR USN JRM
Cc: (b) (6) LTJG USN, USS Theodore Roosevelt; (b) (6) CIV USN JRM
Subject: RE: IMMEDIATE AWARENESS >> Fwd: 400 Rooms checking in ASAP
Attachments: Hotel Room inquires (8.69 KB)

(b) (6),

Big XO just sent out the attached email to leadership onboard notifying them of the ramifications for those that are trying to determine space availability off base.

Very respectfully,

LCDR (b) (6)
Public Affairs Officer
Carrier Strike Group NINE
USS Theodore Roosevelt (CVN 71)
Office: (b) (6)
Cell: (b) (6)
(b) (6)@cvn71.navy.(smil).mil

O: (b) (6)
JDial (b) (6)
Hydra: (b) (6)

-----Original Message-----

From: (b) (6)@fe.navy.mil [mailto:(b) (6)@fe.navy.mil]
Sent: Tuesday, March 31, 2020 3:49 PM
To: (b) (6) LCDR USN, USS THEODORE ROOSEVELT
Cc: (b) (6) LTJG USN, USS Theodore Roosevelt; (b) (6)@fe.navy.mil
Subject: FW: IMMEDIATE AWARENESS >> Fwd: 400 Rooms checking in ASAP
Importance: High

(b) (6),

FYSA below.

V/R,
(b) (6)

Very Respectfully,
LCDR (b) (6), USN
Public Affairs Officer
Joint Region Marianas
NIPR: (b) (6)@fe.navy.mil

Office: (b) (6)
Cell: (b) (6)
DSN: (b) (6)

-----Original Message-----

From: (b) (6) CAPT USN JRM
Sent: Tuesday, March 31, 2020 3:39 PM
To: (b) (6) CAPT USN, C7F <(b) (6)@lcc19.navy.mil>; (b) (6) CAPT USN C7F <(b) (6)@fe.navy.mil>; (b) (6) CAPT USN NBG <(b) (6)@fe.navy.mil>; (b) (6) CAPT USN, CSSG9 <(b) (6)@ccsg9.navy.mil>
Cc: (b) (6) LCDR USN JRM <(b) (6)@fe.navy.mil>
Subject: IMMEDIATE AWARENESS >> Fwd: 400 Rooms checking in ASAP
Importance: High

Teammates,

This just came in via the Guam Hotel and Restaurant Associate.

Apparently someone is making calls to Marriott Sales Team in San Diego about reserving 400 rooms ASAP in Guam for TR.

I don't know the point of origin, but please see the below thread.

We are pulling strings now to get to the source.

BTW, (b) (6) the President of GHRA has been very vocal in the press recently about DoD so I would not be surprised if this made local media.

Very Respectfully,

CAPT (b) (6) USN

Chief of Staff
Joint Region Marianas

Work: (b) (6)
Cell: (b) (6)
Email (NIPR): (b) (6)@fe.navy.mil
Email (SIPR): (b) (6)@fe.navy.smil.mil (please send alert via NIPR to ensure prompt response)

~~"FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE: ANY MISUSE OR UNAUTHORIZED DISCLOSURE MAY RESULT IN BOTH CIVIL AND CRIMINAL PENALTIES"~~

From: (b) (6) [mailto:(b) (6)@ghra.org]
Sent: Tuesday, March 31, 2020 2:35 PM
To: (b) (6) <(b) (6)@gmail.com>; (b) (6) CIV USN JRM <(b) (6)@fe.navy.mil>
Subject: [Non-DoD Source] Fwd: 400 Rooms checking in ASAP

FYI - seeking guidance from the Governor's Chief of Staff and Legal Counsel

Best regards,

(b) (6)

Begin forwarded message:

From: (b) (6) <(b) (6)@ghra.org>
Date: March 31, 2020 at 2:31:51 PM ChST
To: Gov legal Counsel (b) (6) <(b) (6)@guam.gov>, (b) (6) <(b) (6)@guam.gov>
Subject: Fwd: 400 Rooms checking in ASAP

(b) (6) and (b) (6),

Please see this request from Marriott corporate regarding the USS Roosevelt. Need to discuss as soon as possible.

Best regards,

(b) (6)

Begin forwarded message:

From: "(b) (6)" <(b) (6)@westinguam.com>
Date: March 31, 2020 at 2:24:50 PM ChST
To: "(b) (6) GHRA (b) (6)@ghra.org" <(b) (6)@ghra.org>
Subject: FW: 400 Rooms checking in ASAP

Hi (b) (6)

Please find email from Marriott sales team in San Diego.

I just let her know that hotel is available but, they cannot come straight to our hotel without negative COVID-19 certificate. Due to Gov Guam's executive order.

Please let me know if there anything updated.

Best regards,

(b) (6)

Director of Sales and Marketing

THE WESTIN RESORT GUAM

105 Gun Beach Road
Tumon, GU 96913
United States of America
marriott.com/gumwi

T (b) (6) F (b) (6) M (b) (6)

FACEBOOK <<https://www.facebook.com/westinresortguam/>> | TWITTER <<https://twitter.com/WestinGuam>>
| INSTAGRAM <<https://www.instagram.com/westinguam/>>

TripAdvisor Certificate of Excellence – Prego 2018 & 2017, Taste 2018

Winner of Stars & Stripes Best of Pacific – Taste 2018, 2017, 2016 Best Sunday Brunch, Taste 2016 Best Family Restaurant and 2016 Best Hotel

Winner of Pika's Best of Guam – Taste 2018, 2017, 2016, 2015 & 2014 Best Buffet and Best Sunday Brunch, Taste 2018 Best Breakfast, Best Family Restaurant and Best Seafood Restaurant, Taste 2017 Best Fine Dining and 2016 Best Hotel

Winner of World Travel Awards – 2017 & 2016 Guam's Leading Hotel Suite and 2017 Guam's Leading Resort

From: (b) (6) <(b) (6)> @marriott.com>

Sent: Monday, March 30, 2020 1:44 PM

To: (b) (6) <(b) (6)> @westinguam.com>

Cc: (b) (6) LCDR USN, USS THEODORE ROOSEVELT <(b) (6)> @cvn71.navy.mil>

Subject: 400 Rooms checking in ASAP

Good Evening,

I hope all is well.

The aircraft carrier, USS CVN 71, is looking to book 400 rooms checking in ASAP. I have sent over the information in CI/TY. Please reference opportunity# (b) (6). They are looking for 5000 rooms though I understand you have 400 at your property and the Sheraton has closed its doors temporarily.

I have copied the main contact so that you can communicate on availability and rate. We are looking to book under the per diem rate if possible. This can certainly be ROH as well and all rooms will be individual pay.

Thank you and we look forward to working with you.

Travel Brilliantly,

(b) (6)

Sales Executive I SW Area Sales – San Diego

Direct: (b) (6)

(b) (6)@marriott.com <mailto:(b) (6)@marriott.com>

(b) (6)

LCDR USN NAVCIVLAWSUPPACT DC (USA)

From: (b) (6) CAPT USN, USS Theodore Roosevelt <(b) (6)@cvn71.navy.mil>
Sent: Tuesday, March 31, 2020 2:02 AM
To: DH 71; DLCPOs; CVW-11 CO's; CVW-11 XO's; CVW-11 CMC's
Cc: (b) (6) CAPT USN, CSSG9; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT CVW11 CAG; (b) (6) CAPT CDS23 DCRE; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, COMDESRON23; (b) (6) CMC USN, CCSG9; (b) (6) CMC USN, USS Theodore Roosevelt; (b) (6) CMDCM USN, CVW-11
Subject: Hotel Room inquires
Signed By: (b) (6)@navy.mil

All,

We have received reports that someone is making anonymous calls regarding hotel availability in Guam. The reports indicate the individual is requesting very large blocks of rooms.

Please pass along that this effort is very counterproductive. Local Guam political leaders are under tremendous pressure from their constituents to contain our problem to the base. These reports will likely make the local press and increase the anxiety of the local population. There is very little local support for moving us into hotels on the island.

"Off the reservation" efforts like this make an unlikely course of action even more unlikely. Please ask your people (and their families) to politely knock it off.

V/R

CAPT (b) (6), USN
Executive Officer
USS THEODORE ROOSEVELT (CVN 71)
In Port: (b) (6)
At Sea: (b) (6)
Cell: (b) (6)
Jdial: (b) (6)

(b) (6)

LCDR USN NAVCIVLAWSUPPACT DC (USA)

From: (b) (6) CAPT USN, USS Theodore Roosevelt
Sent: Tuesday, March 31, 2020 2:18 AM
To: (b) (6) @fe.navy.mil
Subject: RE: Hotel Room inquires
Signed By: (b) (6) @navy.mil

Copy. FYI - the natives are getting restless. Stand by for congressionals.

-----Original Message-----

From: (b) (6) @fe.navy.mil [mailto:(b) (6) @fe.navy.mil]
Sent: Tuesday, March 31, 2020 4:16 PM
To: (b) (6) CAPT USN, USS Theodore Roosevelt
Cc: (b) (6) CAPT USN, CSSG9
Subject: RE: Hotel Room inquires

Thanks brothers!

Very Respectfully,

CAPT (b) (6) USN

Chief of Staff
Joint Region Marianas

Work: (b) (6)
Cell: (b) (6)
Email (NIPR): (b) (6) @fe.navy.mil
Email (SIPR): (b) (6) @fe.navy.smil.mil (please send alert via NIPR to ensure prompt response)

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-----Original Message-----

From: (b) (6) CAPT USN, USS Theodore Roosevelt
[mailto:(b) (6) @cvn71.navy.mil]
Sent: Tuesday, March 31, 2020 4:09 PM
To: (b) (6) CAPT USN JRM <(b) (6) @fe.navy.mil>
Cc: (b) (6) CAPT USN, CSSG9 <(b) (6) @ccsg9.navy.mil>
Subject: FW: Hotel Room inquires

(b) (6),

I have done what I can... (Sent to HODS, DLCPOs and CVW-11 Tirads)

(b) (6)

-----Original Message-----

From: (b) (6) CAPT USN, USS Theodore Roosevelt
Sent: Tuesday, March 31, 2020 4:02 PM
Subject: Hotel Room inquires

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V/R

CAPT (b) (6), USN
Executive Officer
USS THEODORE ROOSEVELT (CVN 71)
In Port: (b) (6)
At Sea: (b) (6)
Cell: (b) (6)
Jdial: (b) (6)

", "sameAs": []}]}



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UPDATED: USS Theodore Roosevelt Quarantines Sailors on Guam as Coronavirus Outbreak Spreads

By: **Megan Eckstein**

March 26, 2020 11:29 AM • Updated: March 26, 2020 4:00 PM



Hospital Corpsman 2nd Class Maria F. Potts-Szoke, assigned to Naval Medical Research Center, prepares a sample for investigational analysis in Naval Medical Research Center's mobile laboratory aboard the aircraft carrier USS Theodore Roosevelt (CVN-71) on March 19, 2020. US Navy Photo

This post has been updated to include statements from Chief of Naval Operations Adm. Mike Gilday and from U.S. Pacific Fleet.

THE PENTAGON – A Navy aircraft carrier in the Pacific has pulled into Guam to deal with a growing outbreak of COVID-19, with the ship planning on testing the entire crew of about 5,000 and quarantining personnel as needed at Navy medical facilities on the island.

USS *Theodore Roosevelt* (CVN-71) had been operating in the Philippine Sea when three sailors had to be flown off the ship to a Defense Department facility in Guam after testing positive for COVID-19, Acting Secretary of the Navy Thomas Modly told reporters on Tuesday.

Today, Modly said in a Pentagon press briefing that five more sailors had since tested positive and were being flown off the ship, and that the ship and its crew of 5,000 were heading to Guam to figure out the next steps.

“We found several more cases onboard the ship. We are in the process now of testing 100 percent of the crew of that ship to ensure that we are able to contain whatever spread might have occurred there on the ship. But I also want to emphasize that the ship is operationally capable to do its mission if required to do so,” he said.

“The ship is pulling into Guam; it will be pierside, no one on the crew will be allowed to leave anywhere into Guam other than on pierside. And we are already starting the process of testing 100 percent of the crew to ensure that we’ve got that contained.”

U.S. Pacific Fleet spokesman Cmdr. Myers Vasquez told USNI News that *Theodore Roosevelt* had already planned to make a port call in Guam ahead of the outbreak. He could not say if the visit to Guam would last longer than planned due to the COVID-19 testing and quarantining effort.

After Modly’s press briefing, other news outlets began reporting the number of infected sailors was actually around two dozen sailors. Vasquez would not comment on the current number of *TR* sailors determined to have the virus.

“The sailors who have been flown off the ship are currently doing fine. None of them have been required to be hospitalized because their symptoms are very mild – aches and pains and those types of things, sore throats, but nothing that requires hospitalization. They are in quarantine now on Guam,” Modly said during the briefing.

Chief of Naval Operations Adm. Mike Gilday said in a statement later in the day that “as testing continues, additional positive cases of COVID-19 have been discovered aboard USS *Theodore Roosevelt*. We are taking this threat very seriously and are working quickly to identify and isolate positive cases while preventing further spread of the virus aboard the ship. No sailors have been hospitalized or are seriously ill.”

“Our medical team aboard USS *Theodore Roosevelt* is performing testing for the crew consistent with CDC guidelines, and we are working to increase the rate of testing as much as possible. Immediate priority will be symptomatic sailors, those in close contact with sailors who have tested positive already, and essential watch standers. We are isolating those who test positive. Testing will continue as necessary to ensure the health of the entire ship’s crew. In addition, the medical staff will continue to actively monitor the health of the crew. Deep cleaning of the ship’s spaces is also ongoing,” Gilday’s statement continues.

“USS *Theodore Roosevelt* is in Guam on a previously-scheduled port visit. The resources at our naval medical facilities in Guam will allow us to more effectively test, isolate, and if necessary treat sailors. We expect additional positive tests, and those sailors who test positive will be transported to the U.S. Naval Hospital Guam for further evaluation and treatment as necessary. During the port visit, base access will be limited to the pier for *Roosevelt*’s Sailors. No base or regional personnel will access the pier.”

“We’re taking this day by day. Our top two priorities are taking care of our people and maintaining mission readiness. Both of those go hand in glove,” the CNO continued.

“We are confident that our aggressive response will keep USS *Theodore Roosevelt* able to respond to any crisis in the region.”



USS Theodore Roosevelt (CVN-71) arrives in Da Nang, Vietnam on March 5, 2020. US Navy Photo

The Navy's aircraft carriers and some other larger ships have medical capabilities sophisticated enough to process tests aboard, though the daily throughput of these labs is limited. Modly called the capacity the "limiting factor" for testing and said "we are looking at ways now to not only maximize that capacity on the ship to test but also to send some of those swab tests out to some of the other DoD labs for testing."

There are two different kinds of tests the Navy can perform. To positively diagnose a patient with COVID-19, a nasal swab must be performed and tested, but the testing kits have been available in limited quantities for hospitals around the country dealing with the outbreak. It is unclear how many of these COVID-19-specific kits the Navy has access to. The Navy can also conduct surveillance testing, where a sample is tested for a range of flu-like viruses to rule in or out different diseases; this type of testing can help medical officers understand who has been exposed to what onboard a ship and could narrow down who may need the COVID-specific test kit.

Rear Adm. James Hancock, medical officer of the Marine Corps, said during the press briefing that the military was working with industry to get point-of-care COVID-19 testing capability, but "we're just

not there yet. What we can do is do surveillance testing, so we do it across the ship so we know that.”

Modly said the testing on *TR* would be a combination of swab and surveillance testing to whatever extent was available.

“The ship is going to be pulling into Guam, and then they’re going to figure out from there who needs to come off, who can stay on, looking at the level of symptoms and things like that,” he said about the next steps for the carrier.

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Article Keywords: COVID 19, Guam, Thomas Modly, USS Theodore Roosevelt (CVN-71)

Categories: Aviation, News & Analysis, U.S. Navy

About Megan Eckstein

Megan Eckstein is the deputy editor for USNI News. She previously covered Congress for *Defense Daily* and the U.S. surface navy and U.S. amphibious operations as an associate editor for *Inside the Navy*.

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From: (b) (6) CAPT USN, USS Theodore Roosevelt
To: MED KHAKI; (b) (6) HMC USN, CVW-11; (b) (6) LT USN, CVW-11; (b) (6) LT CVW-11; (b) (6) USN, CVW-11; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) LCDR USN, USS Theodore Roosevelt
Subject: FW: Situation on the ground
Date: Sunday, March 29, 2020 6:43:32 PM
Attachments: [NAVADMIN 083 20.pdf](#)
[Rocklov et al.pdf](#)

Keep this close hold.

v/r,

SMO

-----Original Message-----

From: (b) (6) CAPT USN, USS Theodore Roosevelt
Sent: Monday, March 30, 2020 8:40 AM
To: 'Gillingham, Bruce L RADM USN CNO (USA)'
Cc: Shaffer, Gayle D RADM USN BUMED FCH VA (USA); (b) (6) CAPT USN BUMED FCH VA (USA); Weber, Timothy Harding (Tim) RDML USN NAVMED WEST SAN CA (USA)
Subject: Situation on the ground

Admiral,

I understand this email is going to cause concern. That is the intent. We are in the midst of a disaster and not getting the action we need.

We have gone from 2 cases to 53 cases in 6 days. We're currently evaluating another 10. We have a pregnant patient and an HIV+ patient both positive with COVID-19. We are seeing cases already in one of the "quarantine" spaces in a gym on the base. We are losing.

"Quarantine" measures on the ship are a sham. We are fighting and losing and watching a public health disaster unfold in real time. This isn't a lessons learned issue, the lesson was already learned on the Diamond Princess. From the attached study: "The cruise ship conditions clearly amplified an already highly transmissible disease. The public health measures prevented more than 2000 additional cases compared to no interventions. However, evacuating all passengers and crew early on in the outbreak would have prevented many more passengers and crew from infection."

We are a week into this and significant amounts of time/resources/people are being used up to pursue testing for the entire ship. While testing is nice and presents a good optic, that will not stop the transmission of disease or "flatten the curve." I am asking that all of that effort go into getting at least 4500 people off the ship into true single berthing quarantine. We are simply unable to comply with any of the requirements from NAVADMIN 083-20 which is contributing to the rapid spread of disease. The best we can do, and are religiously, is cleaning the ship with bleach twice a day - but doing that with almost the entire crew (all considered close contacts at this point) isn't solving the problem of almost 5000 people living on top of each other continuing to spread the disease.

We must get the sailors off this ship into single berth quarantine. Everyone

knows that is the answer. That is not happening. We are hurting our most precious asset.

V/R,

(b)

-----OFFICIAL INFORMATION DISPATCH FOLLOWS-----
RTTUZYUW RHOIAA0001 0832050-UUUU--RHSSUU.

ZNR UUUUU

R 231957Z MAR 20 MID110000511164U

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TO NAVADMIN

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NAVADMIN 083/20

MSGID/NAVADMIN/CNIC WASHINGTON DC/N00/MAR//

SUBJ/RESTRICTION OF MOVEMENT (ROM) GUIDANCE//

REF/A/DOC/USD/11MAR20//

REF/B/NAVADMIN/OPNAV/212007ZMAR20//

REF/C/DOC/BUMED/17MAR20//

NARR/REF A IS UNDER SECRETARY OF DEFENSE MEMO, FORCE HEALTH PROTECTION

GUIDANCE (SUPPLEMENT 4) - DEPARTMENT OF DEFENSE GUIDANCE FOR PERSONNEL TRAVEL DURING THE NOVEL CORONAVIRUS OUTBREAK.

REF B IS NAVADMIN 080/20, NAVY MITIGATION MEASURES IN RESPONSE TO CORONAVIRUS OUTBREAK UPDATE 3. REF C IS BUMED RETURN TO WORK GUIDELINES FOR CORONAVIRUS.//

RMKS/1. REF A requires that personnel returning from a Center for Disease Control and Prevention (CDC) Travel Health Notice (THN) Level 3 or Level 2 location perform a 14 day restriction of movement (ROM). During ROM, Service Members should be restricted to their residence or other appropriate Domicile and limit close contact (within 6 feet or 2 meters) with others. This NAVADMIN clarifies the definition of ROM, provides amplifying guidance, and delineates responsibilities for execution of ROM.

2. Definitions.

2.a. **Restriction of Movement (ROM).** General DoD term referring to the limitation of personal liberty for the purpose of ensuring health, safety and welfare. ROM is inclusive of quarantine and isolation.

2.a.(1) **Quarantine.** Medical term referring to the separation of personnel from others as a result of suspected exposure to a communicable disease. For the world-wide COVID-19 epidemic, this should be imposed on those with no COVID-19 symptoms who have either recently returned from a high-risk location (CDC THN Level 2 or 3), or have had close contact with a known COVID-19 positive patient. The current recommended quarantine period is 14 days. Per CDC, quarantine generally means the separation of a person or group of people reasonably believed to have been exposed to a communicable disease but not yet symptomatic, from others who have not been so exposed, to prevent the possible spread of the communicable disease.

2.a.(2) **Isolation.** Medical term referring to the separation of personnel from others due either to the development of potential COVID-19 symptoms or as a result of a positive COVID-19 test. Per CDC, isolation means the separation of a person or group of people known or reasonably believed to be infected with a communicable disease and potentially infectious from those who are not infected to prevent spread of the communicable disease. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.

2.b. **Patient (or Person) Under Investigation (PUI).** In the case of COVID-19, a PUI is defined as an individual with either a pending COVID-19 test or for whom a test would have been ordered/conducted had one been available.

2.c. **Self-monitoring.** Per CDC, self-monitoring means people should monitor themselves for fever by taking their temperatures twice a day and remaining alert for the onset of a cough or difficulty breathing. If an individual feels feverish or develops a measured fever, cough, or difficulty breathing

during the self-monitoring period, they should self-isolate, limit contact with others, and seek advice by telephone from a healthcare provider or their local health department to determine whether further medical evaluation is needed.

2.d. **Close Contact.** Per CDC, a close contact is defined as:

2.d.(1) Being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; the current recommended threshold is 10 minutes. Close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case, or

2.d.(2) Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).

3. Applicability. **ROM applies to all Service Members, who in the last 14 days have either been in:**

3.a. An area with ongoing spread of COVID-19 as defined as CDC designated Level 2 and 3 countries ([https:// www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travelnotices.html](https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travelnotices.html)), or

3.b. Close contact with a person known to have COVID-19.

3.c. Per REF A, it is strongly recommended that DoD civilian employees, contractor personnel and dependents also follow this guidance.

4. Guidance.

4.a. ROM personnel shall be directed to remain at home or in a comparable setting for 14 days ROM from the day of departure or contact. For transient personnel and those residing in close quarters such as unaccompanied housing or ships, temporary lodging meeting CDC guidance of separate sleeping and bathroom facilities shall be arranged, when available.

4.b. When in ROM, personnel shall avoid congregate settings, limit close contact with people and pets or other animals to the greatest extent possible, avoid traveling, self-monitor, and seek immediate medical care if symptoms (e.g., cough or shortness of breath) develop.

4.c. Personnel assigned ROM may exit quarters to access laundry facilities, outdoor exercise, and designated smoking areas; and conduct other routine tasks not in a public setting provided they maintain social distancing greater than 6 feet from others. Access to messing facilities, stores, fitness centers and other widely used support services is prohibited.

4.d. For temporary lodging, normal room cleaning services will be suspended during the ROM period.

4.e. For personnel executing ROM in private residence, coordinate with parent command for the purchase of required food/hygiene items or arrange delivery through other means.

4.f. After completion of ROM, return to work per REF C and Combatant Commander guidance, if applicable.

5. Responsibilities.

5.a. Parent command **Commanding Officer/Officer in Charge shall:**

5.a.(1) Ensure screening of personnel for ROM.

5.a.(2) Ensure ROM personnel comply with paragraph 4.

5.a.(3) If temporary lodging is required:

5.a.(3)A. **Provide cost orders for ROM personnel.** Orders will direct the Service Member to a ROM status and not TAD to the host installation. Recommend funding for temporary lodging, if required, be obtained through the Type Commander. This may be accomplished utilizing a General Terms and Conditions document to avoid issues arising from Service Members not having government travel cards.

5.a.(3)B. **Coordinate with installation Commanding Officer for room assignment.** It is imperative that tenant commands inform installations of all personnel in ROM within government facilities (to include barracks, NGIS, Navy Lodge, PPV family housing, and PPV barracks).

5.a.(3)C. As needed, **coordinate messing support with the Commanding Officer where a galley is available.** Arrangements will be made between the parent command and the installation for the delivery of meals to Service Members in a ROM status.

5.a.(3)D. As required, provide daily support to ROM personnel to ensure meal delivery as well as health and comfort checks.

5.A.(3)E. Ensure personnel supporting individuals in ROM are trained on the status of ROM personnel and associated interaction protocols. Close contact is prohibited. PPE is not required.

5.a.(4) If private residence is utilized, coordinate with ROM personnel to ensure all messing needs are met.

5.b. Installation Commanding Officers shall:

5.b.(1) Account daily for available temporary lodging to support ROM.

5.b.(2) Track all ROM personnel residing in Navy Lodging (unaccompanied housing, NGIS, Navy Lodge, PPV family housing, PPV barracks) both on and off installation. There is no need for installations to track tenant personnel in a ROM status in private residence/lodging.

5.b.(3) **Provide detailed instructions to tenant commands who require temporary ROM lodging support.**

5.b.(4) If available, coordinate with parent commands to provide take -out meals for delivery to ROM personnel.

5.b.(5) Ensure temporary lodging staff are trained on the status of ROM personnel and associated interaction protocols. Close contact is prohibited. PPE is not required.

5.b.(6) Follow CDC guidance for cleaning rooms following the ROM period. Ensure the standards are the same across all facilities (unaccompanied housing, NGIS, Navy Lodge).

5.b.(7) For the safety of lodging personnel, ensure clear discrete procedures are in place to identify rooms which are occupied by ROM personnel.

5.b.(8) Ensure fire and emergency services are aware of ROM personnel locations, particularly those in isolation, and are prepared to respond to medical emergencies with appropriate PPE.

6. Entitlements. Per REF B.

7. Reporting Requirements. Per REF B.

8. ROM FAQs.

Question 1. When placed on Restriction of Movement (ROM), can I travel to locations within the fence line of an installation to utilize facilities such as the NEX food court or the gym?

Answer 1. No, during the duration of ROM, Service Members must remain in their rooms with the exception of brief trips to utilize designated smoking areas, walking in the immediate vicinity of the building (usually within 100 feet), and limiting close contact (within 6 feet) with others. If your facility contains an in house gym, do not use it.

Question 2. Can I accept food deliveries from various services?

Answer 2. Yes, food must be placed outside the room. Minimize close contact (within 6 feet).

Question 3. Can my family or friends visit me?

Answer 3. Yes, provided they do not enter your room. Conversations should be held with visitors staying in the passageway outside the room and Service Members in their room. Minimize close contact (within 6 feet).

Question 4. Can I do my laundry?

Answer 4. Yes, but you should coordinate with your command to utilize in house laundry facilities.

Question 5. How do I obtain personal hygiene items?

Answer 5. Utilize the point of contact provided by your command to arrange for purchase of these items.

Question 6. Will my room be cleaned daily?

Answer 6. No, your room will not be cleaned during your stay. Trash pickup is available by placing your trash can in the passageway.

Question 7. Is Personal Protective Equipment required for personnel in my vicinity?

Answer 7. No, you should limit close contact (within 6 feet) with others.

Question 8. Can I ROM in open bay barracks or in rooms with shared bathrooms?

Answer 8. No, individuals should be placed in separate lodging (when available).

Question 9. Can I use public transportation if in ROM status?

Answer 9. No, individuals on ROM should avoid crowds and public locations.

Question 10. Can I get off ROM early if I was in close contact to a person with COVID-19, and I feel like I am not sick?

Answer 10. No, the Centers for Disease Control (CDC) recommends 14 days of ROM from the last date of exposure to a COVID-19 positive person.

Question 11. What is the difference between quarantine and restriction of movement (ROM)?

Answer 11. Quarantine is a legal public health term used for civilian restrictions and ROM is a military term being used to identify military individuals who are restricted in their movement, generally to their residence.

Question 12. Are my family members at risk if I ROM at home with them?

Answer 12. ROM status is a precautionary step to prevent spread to others. Considering this, it is recommended that while at home in a ROM status, you practice social distancing. This means try to remain at least 6 feet from other persons, avoid using the same bathroom, or sleeping in the same bed.

Question 13. Can I prepare meals for my family while on ROM?

Answer 13. When in a ROM status, it is recommended you not prepare meals for your family because the virus is spread through respiratory droplets that can land on surfaces such as food. Ideally, you should have other individuals prepare food. If you are the only care giver, make sure you are washing your hands with soap and water for 20 seconds for general food safety. Make sure you cover your nose and mouth when coughing and wash your hands after using the bathroom.

Question 14. Should I be wearing a mask?

Answer 14. Masks will not protect you from inhaling the virus. The virus is very small and can make its way through and around the mask. The best way to prevent being infected or infecting others is to practice social distancing and good hygiene techniques (such as washing your hands regularly with soap and water for at least 20 seconds, avoid touching your face, avoid sick persons, etc).

Question 15. Do I need to clean my house to CDC standards?

Answer 15. It is recommended you maintain a clean living environment as you normally would. This includes frequent hand washing, washing clothing and bedding, and wiping down frequently touched

surfaces with a sanitizing wipe or any cleaning product that contains at least 10 percent bleach. The Environmental Protection Agency has a list of products that have been specifically tested as effective in sanitizing surfaces.

9. Released by Vice Admiral M. M. Jackson, Commander, Navy Installations Command.//

BT

#0001

NNNN

V/r,

CNRSW ROC

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COVID-19 outbreak on the Diamond Princess cruise ship: estimating the epidemic potential and effectiveness of public health countermeasures

Rocklöv J PhD¹, Sjödin H PhD¹, Wilder-Smith A MD^{2,3,4}

1 Department of Public Health and Clinical Medicine, Section of Sustainable Health, Umeå University, Umeå, Sweden

2 Department of Epidemiology and Global Health, Umeå University, Umeå, Sweden

3 Department of Disease Control, London School of Hygiene and Tropical Medicine, UK

4 Heidelberg Institute of Global Health, University of Heidelberg, Germany

Key words: coronavirus; SARS-CoV-2; basic reproduction number; isolation and quarantine; incubation time; evacuation

Declaration of interest: none declared

Abstract:

Background: Cruise ships carry a large number of people in confined spaces with relative homogeneous mixing. On 3 February, 2020, an outbreak of COVID-19 on cruise ship Diamond Princess was reported with 10 initial cases, following an index case on board around 21-25th January. By 4th February, public health measures such as removal and isolation of ill passengers and quarantine of non-ill passengers were implemented. By 20th February, 619 of 3,700 passengers and crew (17%) were tested positive.

Methods: We estimated the basic reproduction number from the initial period of the outbreak using SEIR models. We calibrated the models with transient functions of countermeasures to incidence data. We additionally estimated a counterfactual scenario in absence of countermeasures, and established a model stratified by crew and guests to study the impact of differential contact rates among the groups. We also compared scenarios of an earlier versus later evacuation of the ship.

Results: The basic reproduction rate was initially 4 times higher on-board compared to the R_0 in the epicentre in Wuhan, but the countermeasures lowered it substantially. Based on the modeled initial R_0 of 14.8, we estimated that without any interventions within the time period of 21 January to 19 February, 2920 out of the 3700 (79%) would have been infected. Isolation and quarantine therefore prevented 2307 cases, and lowered the R_0 to 1.78. We showed that an early evacuation of all passengers on 3 February would have been associated with 76 infected persons in their incubation time.

Conclusions: The cruise ship conditions clearly amplified an already highly transmissible disease. The public health measures prevented more than 2000 additional cases compared to no interventions. However, evacuating all passengers and crew early on in the outbreak would have prevented many more passengers and crew from infection.

Introduction

Cruise ships carry a large number of people in confined spaces with relative homogeneous mixing over a period of time that is longer than for any other mode of transportation.¹ Thus, cruise ships present a unique environment for transmission of human-to-human transmitted infections. The association of acute respiratory infections (ARI) incidence in passengers is statistically significant with season, destination and duration of travel.² In February 2012, an outbreak of respiratory illness occurred on the cruise ship off Brazil, resulting in 16 hospitalizations due to severe ARI and one death.³ In May 2020, a dual outbreak of pandemic (H1N1) 2009 and influenza A (H3N2) on a cruise ship occurred: of 1,970 passengers and 734 crew members, 82 (3.0%) were infected with pandemic (H1N1) 2009 virus, and 98 (3.6%) with influenza A (H3N2) virus.⁴ Four subsequent cases were epidemiologically linked to passengers but no evidence of sustained transmission to the community or passengers on the next cruise was reported.⁴ In September 2000 an outbreak of influenza-like illness was reported on a cruise ship sailing off the Australian coast with over 1,100 passengers and 400 crew on board, coinciding with the peak influenza period in Sydney.⁵ The cruise morbidity was high with 40 passengers hospitalized, two of whom died. A total of 310 passengers (37%) reported suffering from an influenza-like illness.

In December 2019, a novel coronavirus, SARS-CoV-2, emerged in Wuhan, China and rapidly spread within China and then to various global cities with high interconnectivity with China.^{6,7} The resulting ARI due to this coronavirus, a disease now coined COVID-19, is thought to be mainly transmitted by respiratory droplets from infected people. The mean serial interval of COVID-19 is 7.5 days (95% CI, 5.3 to 19) and the initial estimate for the basic reproductive number R_0 was 2.2 (95% CI, 1.4 to 3.9),⁸ although higher R_0 have since been reported with a mean of more than 3.⁹ On 18 February 2020, China's CDC published their data of the first 72,314 cases including 44,672 confirmed cases.¹⁰ About 80% of the confirmed cases were reported to be mild disease or less severe forms of pneumonia, 13.8% severe and 4.7% critically ill. Risk factors for severe disease outcomes are older age and comorbidities. The progression to acute respiratory distress syndrome occurs approximately 8-12 days after onset of first symptoms, with lung abnormalities on chest CT showing greatest severity approximately 10 days after initial onset of symptoms.^{11-13,14} Evidence is mounting that also mildly symptomatic or even asymptomatic cases can transmit the disease.^{15,16}

On 3rd February, 2020, an outbreak of COVID-19 was reported on Cruise Ship Princess Diamond off the Japanese coast, with initially 10 persons confirmed to be infected with the virus. The number has since ballooned into the largest coronavirus outbreak outside of mainland China. By 19th February, 619 of 3,700 passengers and crew (17%) were tested positive. By end February, six persons had died. The outbreak was traced to a Hong Kong passenger who embarked on January 21st and disembarked on January 25th. After docking near New Taipei City, on January 31, the ship arrived in Yokohama, Japan. By the following day, the Japanese health ministry ordered a 14-day quarantine for everyone on board and rushed to close its ports to all other cruise ships. The public health measures taken according to news reports and the media were removal of all PCR positive passengers and crew from the ship and their isolation in Japanese hospitals. The remaining test-negative passengers and crew remained on board. Passengers were quarantined in their cruise ship cabins, and only allowed out of the cabin for one hour per day. By 20th February, the decision to evacuate was made and more than 3000 passengers left the ship. Most were air-evacuated by their respective countries.¹⁰

The cruise ship with a COVID-19 index case onboard between the 21-25th January serves as a good model to study its potential to spread in a population that is more homogeneously mixed, compared to the more spatially variable situation in Wuhan.

We set out to study the empirical data of COVID-19 confirmed infections on the Cruise ship Diamond Princess, to estimate the basic reproduction number (R_0) under cruise ship conditions, the response effectiveness of the quarantine and removal interventions, and compare scenarios of an earlier and later evacuation of the ship.

Methods:

We used data on confirmed cases on the cruise ship as published on a daily basis by public sources^{17,18} to calibrate a model and estimate the basic reproduction number R_0 from the time sequence and amplitude of the case rates observed. COVID-19 is thought to have been introduced by an index case from Hong Kong visiting the ship between the 21st to 25th of January, 2020. We thus used the date of 21st January 2020 as the first time point, $t=0$, assuming the index case was infectious from the first day on the ship. The estimates of R_0 and the associated Covid-19 incidence on the cruise ship was derived using a compartmental model estimating the dynamics of the number of susceptible (S), exposed (E), infected (I), and recovered (R) individuals, adapted but modified from a published COVID-19 study.¹⁹ We analyzed two instances of the model assuming respectively: (1) a homogenous population (3700 individuals), and (2) a stratified population of crew (1000 individuals) and guests (2700 individuals). The model used a relationship between the daily reproductive number, β , and R_0 to infer the transmissibility and contact rate across the whole cruise ship population by the relationship:

$$\beta = \text{transmissibility} * \text{contact rate} = R_0/i$$

where the infectious period equals to one over the recovery rate (γ), $i = 1/\gamma$

In the homogeneous model, the infectious period, i , of COVID-19 was set to be 10 days based on previous findings.⁸ In the situation of no removal (ill persons taken off the ship to be isolated in a Japanese hospital), the incubation period (or, the latent period), l was estimated to be approximately 5 days (ranging from 2 to 14 days).²⁰ In order to model the removal/isolation and quarantine interventions, we implemented time dependent removal and contact rates as described in Table 1. We performed additional sensitivity analysis reducing the R_0 to 3.7, an estimate of the average value across mainland China studies of COVID-19.⁹

We further estimated a counterfactual scenario of the infections dynamics assuming no interventions were implemented, in particular no removal and subsequent isolation of ill persons. We assumed an infectious period of 10 days, with a contact rate remaining the same as in the initial phase of the outbreak. Additionally, in the stratified model of crew and guests, the contact rate was assumed to be different due to the assumption that crew could not be easily quarantined as they had to continue their services on board for all the passengers and possibly had more homogeneous mixing with all the passengers, whereas passengers may be mixing more within their preferred circles and areas. We kept the transient change in the contact rate and the removal of all PCR confirmed patients starting from the 3rd and the 5th of February respectively as in the first model. Parameters are described in Table 1.

The model describing a homogeneous population onboard can be described by:

$$\frac{dS}{dt} = -\beta I \frac{S}{N}$$

$$\frac{dE}{dt} = \beta I \frac{S}{N} - E/l$$

$$\frac{dI}{dt} = E/l - \gamma I$$

$$\frac{dR}{dt} = \gamma I$$

where S denote all susceptible people on the cruise ship, E all exposed, I all infected and R all recovered or removed, and where $N = S + E + I + R$ denotes the whole population.

The model describing a stratified population onboard can be described by:

$$\frac{dS_g}{dt} = -\beta_{gg}I_g \frac{S_g}{N_g} - \beta_{cg}I_c \frac{S_g}{N_g}$$

$$\frac{dE_g}{dt} = \beta_{gg}I_g \frac{S_g}{N_g} + \beta_{cg}I_c \frac{S_g}{N_g} - E_g/l$$

$$\frac{dI_g}{dt} = E_g/l - \gamma I_g$$

$$\frac{dR_g}{dt} = \gamma I_g$$

$$\frac{dS_c}{dt} = -\beta_{cc}I_c \frac{S_c}{N_c} - \beta_{gc}I_g \frac{S_c}{N_c}$$

$$\frac{dE_c}{dt} = \beta_{cc}I_c \frac{S_c}{N_c} + \beta_{gc}I_g \frac{S_c}{N_c} - E_c/l$$

$$\frac{dI_c}{dt} = E_c/l - \gamma I_c$$

$$\frac{dR_c}{dt} = \gamma I_c$$

where S denotes susceptible, E exposed, I infected and R recovered or removed, $N = S + E + I + R$, and the subscript g and c are indicating guest and crew respectively. Overall, we assume mortality is negligible.

Models with interventions were calibrated to reports of total infection occurrence, while models simulating the counterfactual scenarios were left with the naïve parameter settings (no countermeasures). The net effects of the countermeasures were estimated as the difference between the counterfactual scenario and the model with the interventions. Model parameters are described in Table 1. The effectiveness of the countermeasures was estimated by calibration of the model to data.

We here also present estimations of the plausible consequences of a hypothetical third intervention strategy, whereby all individuals onboard would have been evacuated either on 3rd of February or 19th

of February. We estimated and presented the number of latent cases on 3rd February evacuation and on 19th February, 2020.

Results:

Using the SEIR model assuming relatively homogenous mixing of all people onboard, we calibrated the predicted cumulative number of infections from the model to the observed cumulative number of infections among all people onboard and estimated the initial R_0 to 14.8. This resembled an estimate of β (the daily reproduction rate) to 1.48. To derive this estimate we calibrated functions describing transient change in the β as a result of changes in contact rate and the removal of symptomatic infections. The parameter values of contact rate, quarantine interventions and removal presented in Table 1 are the results of the calibration to the observed cumulative incidence data. The contact rate between persons on the cruise ship was calibrated to give the best fit to data with a reduction of 70% by the quarantine countermeasure with onset 3rd February, 2020. The transient function of removal and isolation of infected cases with an onset on 5th February, 2020, reduced the infectious period from 10 to 4 days, and substantially reduced the transmission and sub-sequent infections on the ship. In Figure 1 we present the change in R_0 based on the relationship between R_0 and β and how it is affected by the transient countermeasures of quarantine and removal of ill patients from the model. Here R_0 should be interpreted as the basic reproductive rate in a totally naïve population on the Diamond Princess (i.e. same contact rate), and not the actual basic reproductive number over time on the cruise ship. The R_0 was 14.8 initially and then R_t declined to a stable 1.78 after the quarantine and removal interventions were initiated (Figure 1).

The predicted cumulative number of cases over time from this model described the observed cases well, but overestimated the cumulative case incidence rate initially (Figure 2). This allowed to compensate for reporting bias in the initial phase, given that the proportion of testing of all passengers was patchy while at the end of the study (19th February, 2020) the testing of passengers had a higher coverage and was more complete. The modelled cumulative number of cases on 19 February, 2020, is 613 out of the 3700 people at risk, while the observed reported number of cases is 619. The counterfactual scenario assuming homogenous rates among crew and guests without any interventions (no removal off the ship or isolation of ill persons nor any quarantine measures for the remaining passengers on boat), estimated the number of cumulative cases to be 2920 out of the 3700 after 30 days, that is by 19th of February (Figure 2). The net effect of the combined interventions was estimated to prevent a total number of 2307 cases by 19th February, 2020 (Figure 2).

In a sensitivity analysis we modified the R_0 to 3.7 (and consequently β to 0.37) as this has been reported the average basic reproduction number from studies of COVID-19 in China.⁹ However, from

our simulation, even in the absence of any intervention, such a low R_0 cannot explain the rapid growth of incident cases on the cruise ship (Figure 3). This sensitivity scenario excluded countermeasures from the model making it unrealistic that such a low R_0 value could be the true value in the cruise ship situation with confined spaces and high homogeneous mixing of the same persons. The estimate with the lower R_0 value also omitted to consider the strong interventions put into place, making it even more unrealistic.

We additionally modeled a scenario stratified by crew and guests whereby we assumed the parameter values of transmission risk to be lower for crew to guest than for guest to crew (Table 1). The predicted cumulative number of infected crew and guests by 19th of February from this model was 168 out of 1000 (16.8%) and 464 out of 2700 (17.2%), respectively (Figure 4). The total number of cumulative cases by 19th of February predicted from this model was 632, close to the observed number of cases of 619. The predicted cumulative incidence rates were overestimated for crew while underestimated for guests based on available tests results at the time of writing (Figure 4). These data still need to be validated against the empiric data of test results in all crew and passengers which should soon become available.

Instead of keeping all passengers on board, another option would have been to evacuate all individuals onboard the cruise ship earlier, and allow them to go home for a potential quarantine in their respective home countries. We modeled that an evacuation by 3rd February, 2020, would have resulted in 76 latent cases (cases during the incubation time), while an evacuation by 19th February would have resulted in 246 latent cases.

Discussion:

Modelling the COVID-19 on-board outbreak reveals important insights into the epidemic risk and effectiveness of public health measures. We found that the reproductive number of COVID-19 in the cruise ship situation of 3,700 persons confined to a limited space was around 4 times higher than in the epicenter in Wuhan, where R_0 was estimated to have a mean of 3.7.⁹ Interestingly, a rough estimation of the population per square km on this 18-deck ship is 286 by 62 meters (0.32 km²). Assuming that only 50% of decks are being used, approximately 24,400 persons are confined per km² on a ship compared to approximately 6000 persons per km² (9,000,000/1528) in urban Wuhan. This means that the population density was about 4 times higher on the cruise ship. Thus, both R_0 and contact rate are dependent on population density, as also suggested by previous research.²¹ In population-based models on observational data the population per square km is often substantially different, affecting the R_0 and β coefficient implicitly by changes in the contact rate expressed as:

$$\frac{R_0}{i} = \text{Transmissibility} * \text{contact rate}$$

The local estimate of R_0 can be divided into a localized contact rate and a multiplier that is necessary for moving from one population to another:

$\text{contact rate} = \text{contact rate}_{\text{localized}} * pd$, where pd is the population density multiplier. In our case it was approximated to 4. Here the contact rate is relating to a contact rate in a defined population in a certain area and the population density multiplier modifies the contact rate when moving across different local population and geographical areas representing heterogeneity in population density. In the case of the cruise ship, the potential relationship of R_0 to population density appear thus mainly be attributed to the contact rate and mixing effects. This information is also important for other settings characterized by high population densities.

With such a high R_0 , we estimated that without any interventions within the time period of 21st January to 19th February 2020 out of the 3700 (79%) would have been infected, assuming relatively homogenous mixing between all people on board.

The quarantine and removal interventions launched when the outbreak was confirmed (3rd February and 5th of February) substantially lowered the contact rate and reduced the cumulative case burden by an estimated 2307 cases by 19th February. We note, however, that the longer time span of simulation beyond 19th February, assuming people would stay on the boat, would reduce the net effect of the intervention substantially. We further note that an earlier evacuation would have corresponded to disembarking a substantially lower number of latent undetectable infections (76 vs. 246), likely giving rise to some further transmission outside the ship.

We also found that contact rate of guest to guest and crew appeared higher than the contact rate from guest to crew, perhaps driven by high transmission rates within cabins. However, testing of crew was delayed, and there was a testing bias towards testing more passengers than crew. Hence our access to empiric data may have and this analysis need to be revisited when all data is available.

The limitations of our study include our lack of data on the lag time between onset of symptoms, the timing of testing and potential delay to the availability of test results. Due to the large number of people, not everyone was tested, and we suspect that the timing of the test results do not totally tally with real-time onset of cases. We had no access to data on incident cases in crew versus passengers, nor any data on whether there was clustering of cases around certain nationalities or crew members. Furthermore, although the Hong Kong passenger was assumed to be the index case, it could well have been possible that there was more than one index case on board who could have contributed to transmission, and this would have lowered our estimated R_0 . Lastly, our models are based on human-

to-human transmission and do not take into account the possibility that fomites, or water systems with infected feces, contributed to the outbreak.

The interventions that included the removal of all persons with confirmed COVID-19 disease combined with the quarantine of all passengers substantially reduced the anticipated number of new COVID-19 cases compared to a scenario without any interventions (17% attack rate with intervention versus 79% without intervention) and thus prevented a total number of 2307 additional cases by 19th February. However, the main conclusion from our modelling is that evacuating all passengers and crew early on in the outbreak would have prevented many more passengers and crew members from getting infected. A scenario of early evacuation at the time of first detection of the outbreak (3 February) would have resulted in only 76 latent infected persons during the incubation time (with potentially still negative tests). A late evacuation by 19th February would have resulted in about 246 infected persons during their incubation time. These data need to be confirmed by empiric data of testing all evacuated persons after 19th February, and may be an overestimate as we assumed a stable R_0 after quarantine was instituted. However, the R_0 probably declined over time, as the implementation of quarantine measures were incrementally implemented leading to better quarantine standards towards the end of the quarantine period.

In conclusion, the cruise ship conditions clearly amplified an already highly transmissible disease. R_0 is related to population density, and is particularly driven by contact rate and mixing effects, and this explains the high R_0 in the first weeks before countermeasures were initiated. Population densities and mixing need to be taken into account in future modeling of the COVID-19 outbreak in different settings. Early evacuation of all passengers on a cruise ship- a situation with confined spaces and high intermixing- is recommended as soon as an outbreak of COVID-19 is confirmed.

Author contributions: JR and AWS conceived the study. JR developed the model and run the analysis. HS advised on model development, and helped with the figures. AWS advised on model parameters. All authors wrote the final manuscript.

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Table 1. Model parameter description and values. Start time ($t = 0$) the 20 th of January.		
Parameters	Explanation (unit)	Estimated to
β	Overall transmissibility and contact rate (1/day)	1.48 if $t < 14$ 0.44 if $t \geq 14$
l	Incubation period (days)	5 days
i	Infectious period or time to removal (days)	10 if $t < 16$ 4 if $t \geq 16$
N	Total number of people onboard (persons)	3700
β_c	Transmissibility and contact rate crew (1/day)	1.15 if $t < 14$ 0.35 if $t \geq 14$
β_{gg}	Transmissibility and contact rate guests to guests (1/day)	1.15 if $t < 14$ 0.35 if $t \geq 14$
β_{gc}	Transmissibility and contact rate guests to crew (1/day)	0.17 if $t < 14$ 0.05 if $t \geq 14$
N_g	Total number of guests onboard (persons)	2700
N_c	Total number of crew onboard (persons)	1000

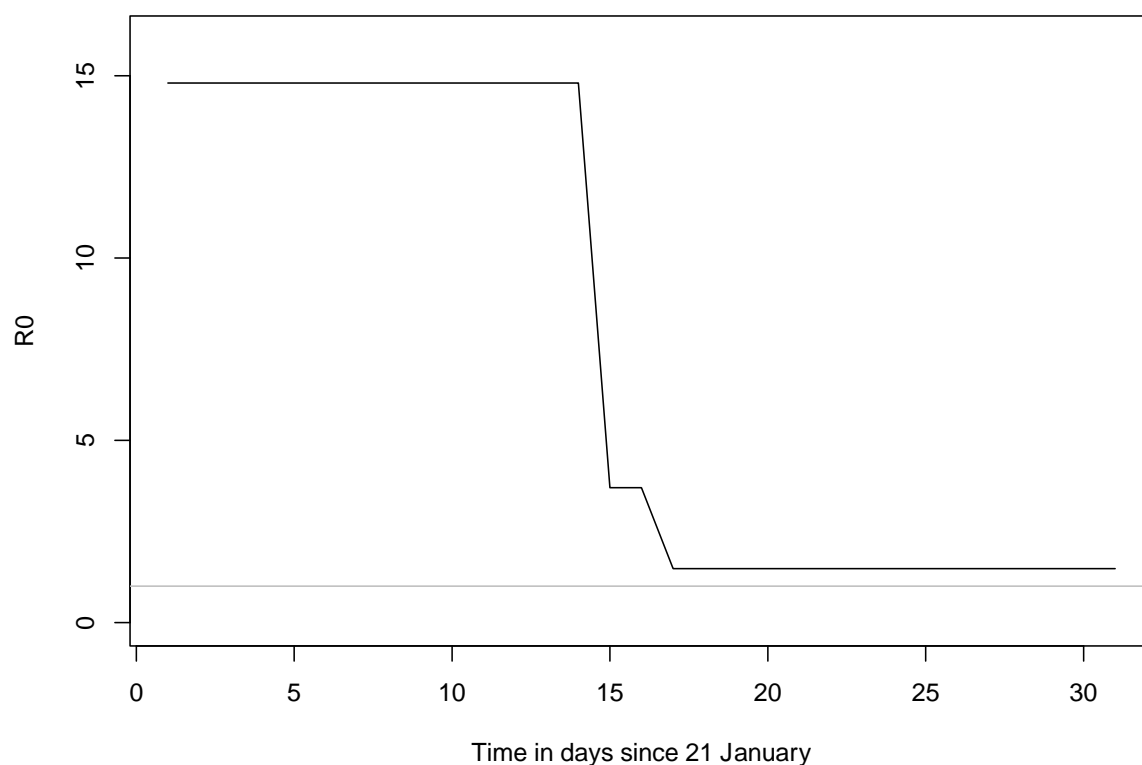


Figure 1. The estimated basic reproduction number, R_0 , on the cruise ship and its change over time as a result of the transient interventions of quarantine and removal of infectious cases. The R_0 given here assumes one index case in a totally naïve population, although that is not the case on the ship, we use it here to illustrate how the R_0 is sensitive to the interventions, but still substantially large to fuel a continuation of the epidemic. The grey line indicates $R_0 = 1$.

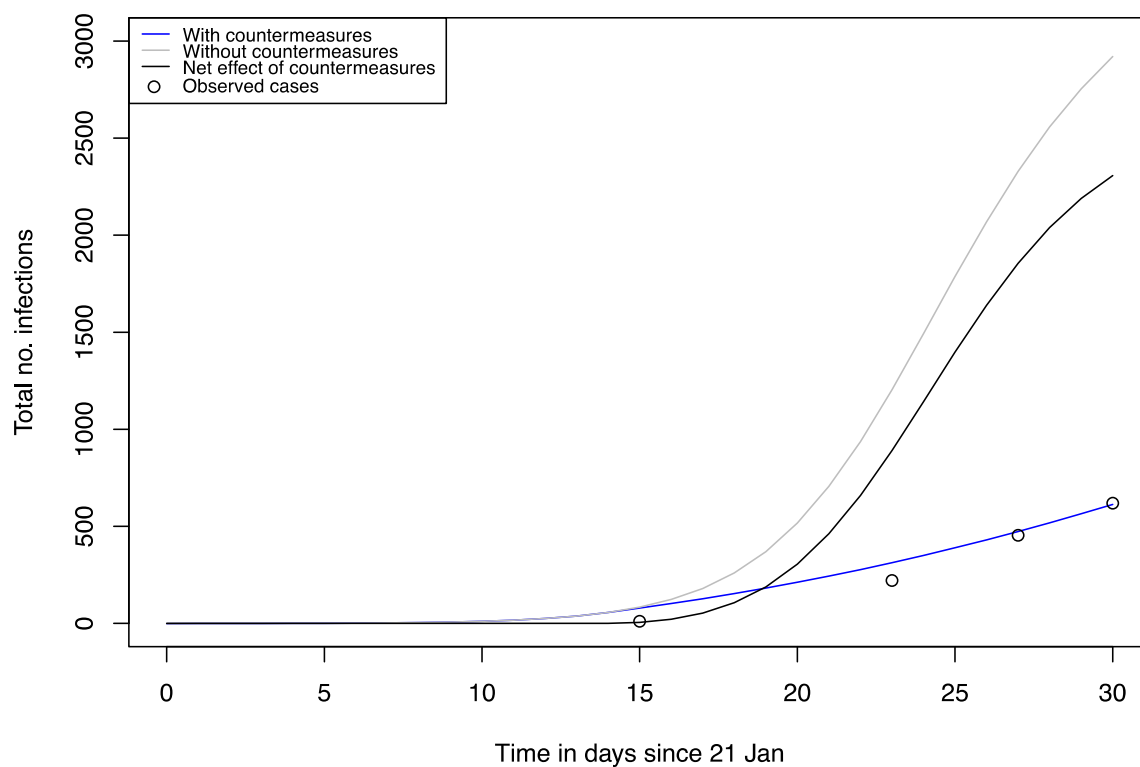


Figure 2. Predicted total number of infections using model 1 (no stratification) for the realistic situation with interventions (blue), counterfactual scenario without intervention (grey) and the net effect of the interventions (black).

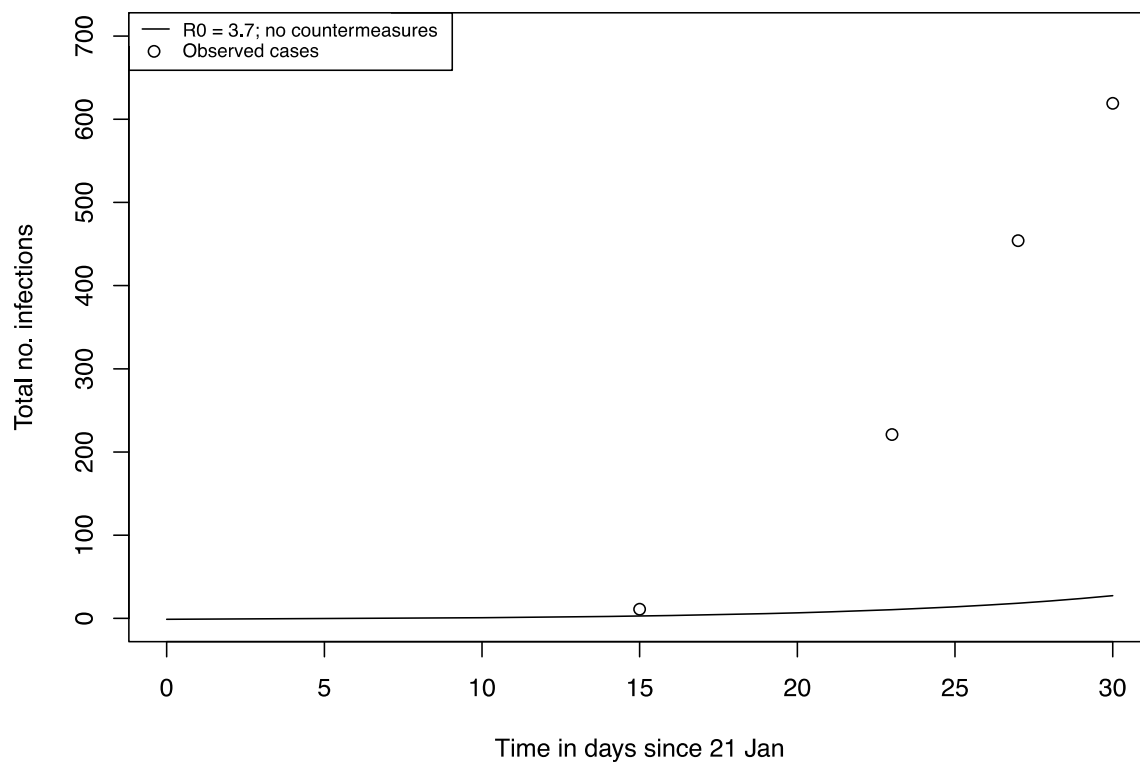


Figure 3. Sensitivity analysis: predicting total number of infections using a model without interventions with R_0 set to 3.7 with index case 21th January (bottom). Observed reports of cumulative cases are marked as "o".

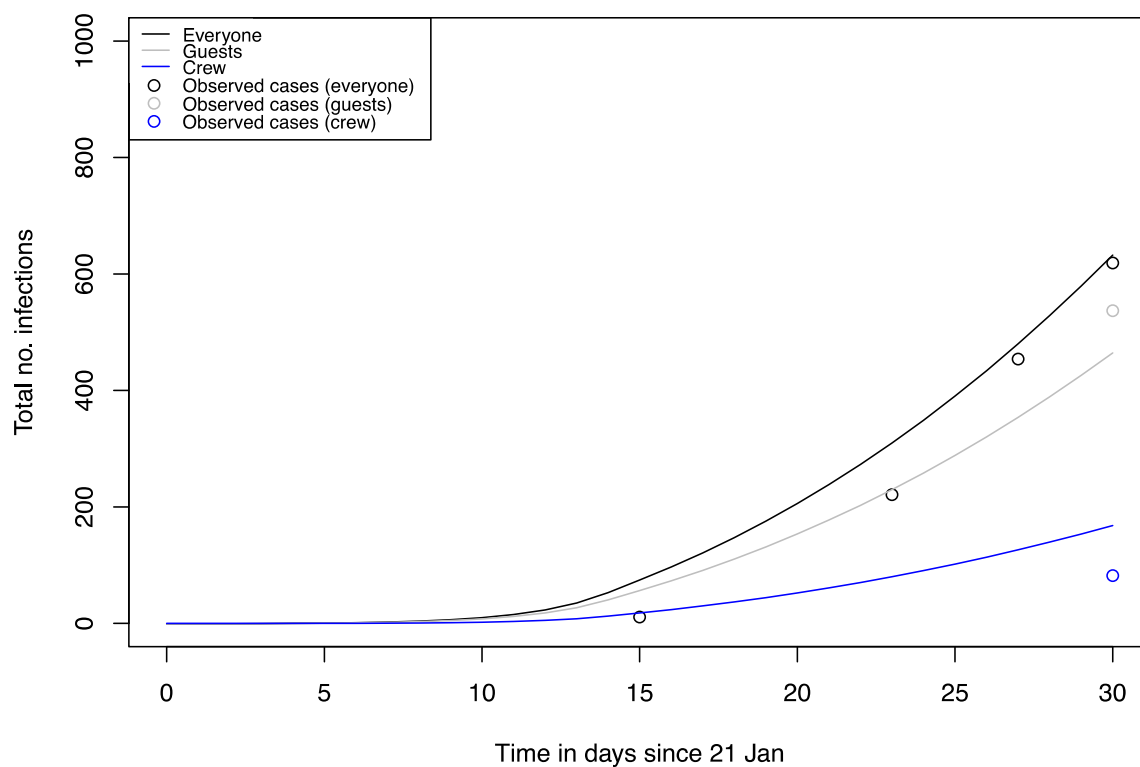


Figure 4. Predicted total number of infections using a model stratified into crew and guest for the realistic situation with interventions. Total population onboard (black), guests (grey), crew (blue). Observed total case numbers of total (black), crew (blue) and guest (grey) are marked as "o".